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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Revolded Name o	FOULT MORKETIN	4
Dear Sir or Madam:	3 0	_
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
Junifer Mans Name of Person) 	
Revorded Loyatte	Imaliting	
4245 US HUYGBN S	te 554	201 200 2013
Balcoland Fl 37 City/State and Zip Code		R
E-mail address: (to be used for future annual report	reflected com	1: 54
For further information concerning this ma	tter, please call:	
Jeruifer Norris	at 813 9348142	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. Florida 32301	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	ing amount:	
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

\(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2	
1. Name of the limited liability company: Kluw	ded loyalty marketin
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	Lowelong FI 3809
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	rone in that 38 h
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Lori meneal is
Registered Office Address:	425 US they 98 N Contant FI 33809
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	annifer Norris
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Your US Hwy 98 N Swife 550 Calviand FL3389
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(so the members of the limited liability company or as otherwishe operating agreement of the limited liability company. Signature of limember or authorized representative of a member of limited liability company.	Florida street address of the registered office stical. Or, in the case of a Florida limited system authorized by an affirmative vote of
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the praid accept the obligations of my particle to the provision of any particle to the provision of any particle to the chapter 608, F.S. Or, if this document is being filed to include the state of the chapter of the company of the chapter of the chapt	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office w lias been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00