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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number: I20010000062 Fhone : (323) 962-8600 Fax Number : (323)962-3889

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE TOUCHPOINT AVIATION SERVICES, LLC

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Certified Copy	1
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	TOUCHPOINT AVIATION SERVICES, LLC					
SUDA		Name of Limited Liability Company				
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning this	s matter to the	following:			
Chey	yenne Moseley					
	Name of Person		_			
Lega	ilzoom.com, Inc.					
	Firm/Company		_			
101 I	N. Brand Blvd., 10th Floor					
	Address					
Glen	dale, CA 91203					
	City/State and Zip Code		_			
•	oul5@yahoo.com					
	E-mail address: (to be used for future annual	ual report notifi	cation)			
For fu	rther information concerning this matter,	please call:				
CHE	YENNE MOSELEY	800 at (773-0888 ext 9724			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314			
	Enclosed is a check for the following	amount:				
	□ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			
INIASI	8 (2/14)					

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

I. Na	ame of the limited liability company: TOUCHPO	INT AVIA	ATION SE	RVICES, LLC	<u> </u>	
.,	Principal office uddress of limited liability company: (Nate: MUST BE STREET ADDRESS)	(Mailing address of limited liabi		
	9100 S. DADELAND BLVD, #508		9100 S	, DADELAND BLVD, #	¥508	
	MIAMI, FL 33156		MIAMI,	FL 33156		
	11/20/2012		L12000146145			
3.	Date of filing/registration in Florida	4.	·	Document number		
5. (a)						
). (a)	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of Su	me:		
	JOSEPH K ABOULHOSN					
	Registered Office Address (MUST BE FLORIDA STREET	TADDRES	<u>\$2</u>	_		
	7380 SW 109TH TER.				9	
	MIAMI	FL 33156			SIM	22
	MINIM	FL			Ö K	5
(b)					유	NOV.
(-)	Enter name of NEW Registered Agent and/or NEW Register	red Office a	idress:			
	UNITED STATES CORPORATION AGE	NTS, INC	; ,		DIVISION OF COLLOCALIBRE	
	NEW Registered Office Address:	7			25 57	•
	13302 WINDING OAK COURT, SUITE A	\		_ -	(1)	
	TAMPA	₅ , 33612	2			
the ch agent was/w	limited liability company is not organized under the sange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the same and the same and the same are same as a same and the same are same as a same and the same are same as a same are same are same as a same are same are same as a same are same are same as a same are same are same as a same are same as a same are same are same as a same are same are same as a same are same as a same are same are same as a same are same are same as a same are same as a same are same are same as a same are same as a same are same are same are same as a same are	laws of the reg d liability or rs of the li	e State of I fistered officompany, it mited liabil liability co	ce and the business office is hereby confirmed that t ity company or as otherwi-	of the registe the change(s)	ered)
Sign	ature of a member or authorized representative of a member			Printed or typed name of sign	nec	
I here provis the ob to me	eby accept the appointment as registered agent and sions of all statutes relative to the proper and complications of my position as registered agent as proverly reflect of change in the registered office address of this change. CHEYENNE MOSELEY, ON BEHALF OR STATES CORPORATION AGENTS, IN	ete perfori ided for in , I hereby of United	ct in this co nance of m Chapter 6 confirm the	macity. I further garee to	comply with	the cept iled n
Signat	nifo of Registered Agent					
•	Divinion of Communications D.	n D	ነጣ። ጥ-ነን	FI 22214		