## L12000155544

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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## COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJ	* Touchstone Holdings and Properties, LLC SUBJECT:					
	Name of Limited Liability Company					
Dear S	Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Satis	h Sharma					
	Name of Person					
Touc	hstone Holdings and Properties, LL	.c				
	Firm/Company					
1936	Premier Row					
	Address					
Oriar	ndo, FL 32809					
	City/State and Zip Code					
satis	h4@me.com					
	E-mail address: (to be used for future annu	al report notification)				
For fu	rther information concerning this matter, p	please call:				
Satis	h Sharma	407 496-0087				
	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following amount:					
:	☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy				



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2014

SATISH SHARMA TOUCHSTONE HOLDINGS AND PROPERTIES, LLC 1936 PREMIER ROW ORLANDO, FL 32809

SUBJECT: TOUCHSTONE HOLDINGS AND PROPERTIES, LLC

Ref. Number: L12000155546

We have received your document for TOUCHSTONE HOLDINGS AND PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 314A00008482

14 APR 30 AM 6: 0

## 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

rwiac	4.		
I. Na	nme of the limited liability company: Touchstone	Holdings ar	d Properties, LLC
2. (a)	1936 Premier Row		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Orlando, FL 32809		
	12/13/2012	 L12	2000155546
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Flick, James J		
J. (u)	Registered Agent and Registered Office shown on the records of	of the Florida Dep	t. of State:
	3700 South Conway Road		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	Suite 100		
	Orlando,	<sub>L</sub> 32812	
(b)	Satish Sharma		7 FE 30
(*)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address	33
	1936 Premier Row		
	NEW Registered Office Address:		
	Orlando,, F	<sub>.L_</sub> 32809	
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the Sta of the registere liability compa	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
			Sharma
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent