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Division of Corporations

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From:

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Account Number : I20090000081

Phone : (307)200-2803

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LLC REGISTERED AGENT CHANGE CAPTIVA CONFERENCING LLC

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T. CLINE UCT 19 201 EXAMINER

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 | ime of the limited liability company: | aptiva (| - | ncing LLC | | | | | |
|------------------------------|---|---|--|---|--|---|--|--|--|
| 2. (a) | Principal office address of limited liabilit (Note: MUST BE STREET ADD) | (b) | | | | | | | |
| | 01/21/2014 | | | 000012704 | | | | | |
| 3. | Date of filing/registration in Flo | orida | 4. | Document no | umber | | | | |
| 5. (a) | SEARS, ANDREW | | | | | | | | |
| (, | Registered Agent and Registered Office shown or | n the records of | the Florida Dept. | of State: | t È | ₹ | | | |
| | 17 Players Circle | | | | | | | | |
| | Registered Office Address (MUST BE FLOR | IDA STREET | (DDRESS) | | | | | | |
| | PALM COAST | , FL | 32137 | | | F IT | | | |
| (b) | Registered Agents Inc | | | | | ֧֧֓֞֝֝֜֝֝֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֝֟֝֓֓֓֓֓֡֝֡֝֡֝֝֡֡֝֝֡ | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> | EW Registered | Office address | | •• | - | | | |
| | 3030 N. Rocky Point Dr. | | | | | | | | |
| | NEW Registered Office Address: | | | | | | | | |
| | STE 150A | | | | | | | | |
| | Tampa | , FL | 33607 | | | | | | |
| the cha agent v was/wa | imited liability company is not organized inge or changes are made, the Florida strevill be identical. Or, in the case of a Florer authorized by an affirmative vote of the operating agree | eet address of ida limited li he members c | the registered ability compa of the limited [| d office and the busi ny, it is hereby conf liability company or | iness office of irmed that the | the registered change(s) | | | |
| | Rilung Tark | | Riley Pa | ark | | | | | |
| _ | ture of a member or authorized representative of a | | | | ed name of signer | | | | |
| provisi the obl to mer | by accept the appointment as registered a ions of all statutes relative to the proper of ligations of my position as registered age ely reflect a change in the registered office of in writing of this change. | igent and agr ind complete nt as provide ce address, I | ree to act in the performance d for in Chaps hereby confire | its capacity. I furth of my duties, and I ter 605, F.S. Or, if m that the limited lie | er agree to co am familiar w this document ability compai | mply with the ith and accep is being filed ny has been | | | |

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

-President

Bill Havre

Signature of Registered Agent