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From:

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Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

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LLC REGISTERED AGENT CHANGE TRAVTION SOLUTIONS LLC

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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.

rioriac 1. Na		on Solutions	s LLC
	4700 MILLENIA BLVD., SUITE 17	5 a. 470	00 MILLENIA BLVD., SUITE 175
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: 6Note: MAY BE POST OFFICE BOX)
	ORLANDO, FL 32839	ORI	ANDO, FL 32839
	06/23/2014	L140	000100219
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CAFTA GROUP LLC		
). (a)	Registered Agent and Registered Office shown on the reco	nds of the Florida Dept	of State:
	5148 Terra Vista Way		
			TAKE T
	ORLANDO	. FL 32837	FILED LANGE BEEFFE
	Registered Agents Inc.		M & M
(p)	Enter name of NEW Registered Agent and/or NEW Reg	istered Office address:	
			AMIO: 26 EL FLORIS
	7901 4th St N		
	NEW Registered Office Address.		
	STE 300		
	St. Dotorchurg	33702	
	St. Petersburg	. FL 33702	
the changent	limited liability company is not organized under tange or changes are made, the Florida street addrwill be identical. Or, in the case of a Florida limber authorized by an affirmative vote of the menticles of organization or the operating agreement	ress of the registered ited liability compara abers of the limited l	y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
		Diloy Da	rk
	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	thy accept the appointment as registered agent a cions of all statutes relative to the proper and con ligations of my position as registered agent as prely reflect a change in the registered office adarted in writing of this change. Bill Havre - Ass	nd agree to act in the npleie performance of rovided for in Chapt eess. I hereby confirm sistant Secretary	is capacity. I further agree to comply with the of my duties, and I am Jamiliar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signati	nre of Registered Agent		