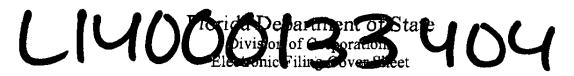
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		7 28
	Division of Corporations	
	Fax Number : (850)617-6383	
From:		<b>5</b> 20 €
	Account Name : REGISTERED AGENT SOLUTIONS INC	<b>12</b>
	Account Number : I20100000062	- Bide
	Phone : (888)705-7274	9 22
	Fax Number : (888)706-7274	မွ ၌

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

Fmail	Address:			
EWATT.	AUUI CSS:			

### LLC REGISTERED AGENT CHANGE TORRCH HOLDINGS, LLC

Certificate of Status	0_
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TO: Registration Section
Division of Corporations

 $_{
m sUBJECT:}$  TORRCH HOLDINGS, LLC

Name of Limited Liability Company

بَيْنِ.

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:

Justine Karnell	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	
A . ! TV TOWAA	

Austin, 1X 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Justine Karnell

" \ QQQ

705-7274

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

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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.

I. Na	me of the limited liability company: TORRCH	HOL	DING	S, LLC		
2. (a)	Principal office address of limited liability company:		(b)	Mailing address of limited liabil		
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFF	<u>ICE BOX</u> )	
	2296 W. 1500 N. VERNAL, UT 84078			W. 1500 N. NAL, UT 84078		
	08/26/2014		<u>L14</u> 0	000133404		
3.	Date of filing/registration in Florida	4.	W- ,	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of					
	Registered Agent and Registered Office shown on the records of INCORP SERVICES, INC.	f the Flor	ida Dept. of	`State:		ÿ,
	Registered Office Address (MUST BE FLORIDA STREET	AUDRE	<u>(SS)</u>	<del></del>		
	17888 67TH COURT NORTH LOXAHATCHEE, FL 33470				17 HAR	
					20 X X X X X X X X X X X X X X X X X X X	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office :	address:	<del></del>	3 8 A	
			<u></u>		<b>R</b> 390	
	Registered Agent Solutions, Inc.				9. 22	
	NEW Registered Office Address:				မေ ္ကို	
	155 Office Plaza Dr., Suite A				٦	
	Tallahassee, Fi	L_3230	1			
the cha agent v	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the re, iability of the 1	gistered o company, imited lial	ffice and the business office of, it is hereby confirmed that the bility company or as otherwise company.	of the registered to the change (s)	<b>d</b> ?
Signi	ture of a member or authorized representative of a member	_		Printed or typed name of sign		¥)
provis the obi	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in spriting of this change.	ree to de perfor ed för ti hereby	act in this mance of n Chapter confirm t	capacity. I further agree to c my duties, and I am familiar t 605, F.S. Or, if this documer hat the limited liability compo	omply with the with and accept it is being filed any has been	
Signati	Justine Karnell re of pegistered Agent Assistant Secretary					
<b>V</b>	Division of Corporations + P.O.	Roy 61	77# Talle	sharre FL 32314		
	FILING 1			110037V) 111 242 17		

INHS18 (2/14)