114000169483

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(Address)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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DEPARTMENT OF STATE

7 ÅPR 24 MH 9: 40

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 611950 7838690

AUTHORIZATION

COST LIMIT : \$25.00

ORDER DATE : April 24, 2017

ORDER TIME : 3:52 PM

ORDER NO. : 611950-030

CUSTOMER NO: 7838690

CHANGE OF AGENT

NAME: ONLINE SUPPORT SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	Online Support Services, LLC						
		ne of Limited	Liability Company				
Dear S	Sir or Madam:						
The en	nclosed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to t	he following:				
Gidalt	hy Rodriguez						
	Name of Person						
DLA F	Piper LLP (US)						
	Firm/Company						
200 S	outh Biscayne Boulevard Suite 2500						
	Address						
Miami	, Florida 33131						
	City/State and Zip Code						
Gidalt	hy.Rodriguez@dlapiper.com						
E	E-mail address: (to be used for future ann	ual report no	otification)				
For fur	rther information concerning this matter,	, please call:					
Lance	Crosby	972 at (822-5551)				
	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	closed is a check for the following amount:					
	□ \$25 Filing Fee		\$55 Filing Fee & Certified Copy				
INHS1	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	me of the limited liability company: Online Support	Services	LLC		
2. (8	a) ((b)	l		
		Principal office address of limited liability company;	\ .	Mai	iling address of limited	
		(Note: MUST BE STREET ADDRESS)		(4	Note: MAY BE POST	<u>r office box</u>)
		2021 McKinney Avenue, Suite 1100		2021 McKin	ney Avenue, Suite	1100
		Dallas, Texas, 75201		Dallas, Tex	as, 75201	
		10/30/2014	_	L140001694	182	
3.		Date of filing/registration in Florida	4.	De	ocument number	
5. (a)					
J. (-,	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State:		
		Thomas S. Miller				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			
						7
		807 W Morse Blvd, Suite 101		1.000		, 50 ···
		Winter Park, FL , FL , FL	32789			· · · · · · · · · · · · · · · · · · ·
						24 111 9:41
(b) ,	Enter name of NEW Registered Agent and/or NEW Registered (Marie Service
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	<u>ress</u> :		9.40
		Companies Condes Companies				Č
		Corporation Service Company NEW Registered Office Address:				,
						
		1201 Hays Street				
		Tallahassee , FL_	32301			
the ch agent was/v	ian wi ver	nited liability company is not organized under the laws ge or changes are made, the Florida street address of the libe identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of less of organization or the operating agreement of the li	he registe oility con the limit	ered office an apany, it is he ad liability of	d the business off breby confirmed the company or as other	ice of the registered at the change(s)
		re of a member or authorized representative of a member	Lance	Crosby		
		/ 2 1)			nted or typed name of	-
mijie	:47	e accept the appointment as registered igent and agree as of all statutes relative to the proper and complete parties of my position as registered agent as provided wreflect a change in the registered office address, I he in writing of this change.	e to act in erformar for in Ch reby con	Нап	ry B. D avi s	
Signat	ure	of Registered Agent Corporation Service Company	BY:	ASSI. V	ice President	

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