6/15/2017

Division of Corporations

Figure 1 Corporations

Figure 1 Corporations

Figure 1 Corporations

Figure 2 Specific Corporations

Figure 2 Specific Corporations

Figure 2 Specific Corporations

Figure 2 Specific Corporations

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.

(((H170001599613)))



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1	Tc:	17 JUN 15
	Division of Corporations	0 _
	Fax Number : (850)617-6383	
		CONTRACTORS
F	From;	7 A
	Account Name : C T CORPORATION SYSTEM	<u> </u>
	Account Number : FCA8888888823	2.
	Phone : (512)418-6949	
~ <u>~</u>	Fax Number : (954)208-0845	₹.
3		
- 漢중 **	Enter the email address for this business entity to be used for futur	٠,
('⊏'	annual report mailings. Enter only one email address please.**	-
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74 LL	Email Address:	
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.≍₹	LLC REGISTERED AGENT CHANGE	

PLEASE KEEP DATE 06/15/2017 WE NEVER RECEIVED EVIDENCE.

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\$55.00

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.

1.	Na	me of the limited liability company: AMERICAN TRA	AFFIC S	OLUTIONS	, I.,IC.	
2. (
\	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		1150 N. Alma School Road, Mesa, AZ 85201		360 North	a Crescent Drive, South Building	
			- 	Beverly I	Iills, CA 90210	
		01/12/2009		M0900000	0138	
3.		Date of filling/registration in Florida	4.		Document number	
e	/ \					
5.	(a)	Registered Agent and Registered Office shown on the records of the CORPORATION SERVICE COMPANY	nte:			
		Registered Office Address (MUST BE FLORIDA STREET A	- 1016	7		
1201 HAYS STREET				9 -		
		TALLAHASSEE, , FL	32301-2	2525	17 JUN 15 AM 9: 30 DIVISION OF CORE CRATIONS	'n
					Ģ 7	
((b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	- ن ن ن	
	Take there of the registered regard above 1965 registered office address.					
C T Corporation System		C T Corporation System				
		NEW Registered Office Address:				
		1200 South Pine Island Road				
		Plantation , FL	33324		_	
the age	chi nt v	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lig are authorized by an affirmative vote of the members of thes of organization or the operating agreement of the	vs of the the reg ability of the linited	distered officion company, it mited liabil I liability ec	ce and the business office of the registor is hereby confirmed that the change(s) ity company or as otherwise provided is supany.	red
(<u>Ź</u> ,	musia Celanco	Ba	nbara Velasc	Printed or typed name of signee	
7 S	igna	ture of a member or authorized representative of a member			Printed or typed mune of signee	
I h pro the to r not	ere obto ner ifie 1 C	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, 1) d'in writing of this change.	ee to a perform d for in hereby	ct in this ca nance of m Chapter 60 conjirm tha	pacity. I further agree to comply with y duffes, and I am familiar with and ac 05, F.S. Or, if this document is being fi u the limited liability company has been	the sept led i
/ :		re of Registered Agent Marc St. Pierre - VP & Asst	Secre	tary		

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

		COVER LETTER					
то:	Registration Section Division of Corporations	1's •					
SURI	AMERICAN TRAFFIC SOLUTION	vs, t.l.c.					
1711111	Name of Limited Liability Company						
Dear !	Sir or Madam:						
The e	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.					
Please	e return all correspondence concerning th	sis matter to the following:					
Legal	Department						
	Name of Person						
c/o PI	atinum Equity Advisors, LLC						
•	Firm/Company						
360 N	Jorth Crescent Drive, South Building						
	Address						
Bever	rly Hills, CA 90210	•					
	City/State and Zip Code						
csauc	edo@platinumequiry.com						
	E-mail address: (to be used for future an	nual report notification)					
For fi	urther information concerning this matter	, please call:					
Caris	sa Saucedo	310 228-9678 at ()					
	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 followin						
151171	☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS	18 (2/14)						