## M12000004825

(Re	questor's Name)			
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(50	Siness Emily Hai	110)		
(D)	cument Number)			
(22)	cument Number)			
Certified Copies	Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:			

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02/10/14--01030--007 \*\*25.00

SECREMENT STATE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: February 6, 2014

Order#: 955227-400

Re: TOUCHPOINT SUPPORT SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH-FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. Name of the lim	ited liability company:	TOUCHPOINT S	UPPORT SERVICES, LLC		
. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		ability company:	0.400.14		
(b) Mailing add (Note: MA	ress of limited liability of the post of t	company: BOX)		SCOT FED IC	
08/27/2012			M12000004825	F1 2	
3. Date of filing/re	gistration in Florida		1. Document number	IO 58	
5. (a) Registered	Agent and Registered O	ffice shown on tl	ne records of the Florida I	Dept. of State:	
Registered Agent:			C T Corporation System		
Registered Office Address:			1200 South Pint Island Road Plantation, FL 33324		
NEW Registered Agent:  NEW Registered Office Address:			Corporation Service Compa	any	
<u> </u>			1201 Hays Street		
		DDRESS)	Tallahassee	FL 32301	
confirmed that afte and the business of liability company, it the members of the the operating again	r the change or changes a fice of the registered age t is hereby confirmed the limited liability compar- sent of the innited in hi	are made, the Flornt will be identiated the change(s) by or as otherwiselity company.	was of the State of Florida orida street address of the cal. Or, in the case of a Flwas/were authorized by an e provided in the articles of the case o	registered office lorida limited	
Dona Priebe, Author		ember			
Printed or typed name of  I hereby accept the comply with the pre and I am familiar v Chapter 605. F.S. address, Hereby c By: Signature of Registered	e appointment as register ovisions of all statules revisions of all statules revisions and accept the obligion, if this document is confirm that the limited to	<u> </u>	ree to act in this capacity per and complete perform ition as registered agent of ely reflect a change in the has been notified in writi Grace E. Kirby, Asst. VP	o. I further agree to nance of my duties, as provided for in e registered office ng of this change.	

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