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(Requestor's Name)						
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COVER LETTER

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	TRUSTPOINT INTERNATIONAL, LLC					
Sonsieer.	Name of Limited Liability Company					
Dear Sir or N	viadam:					
The enclosed	d Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the f	ollowing:			
Emily Smi	th					
	Name of Person		_			
Paracorp (Incorporated					
	Firm/Company					
PO Box 16	60568					
 	Address		_			
Sacramen	to, CA 95816					
	City/State and Zip Code		_			
	@myparacorp.com					
E-mail	address: (to be used for future ann	ual report notific	cation)			
For further in	nformation concerning this matter,	please call:				
Emily Smit	th	888 at (280.6563			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divis Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	Reg Divi P.O.	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 (S55 Filing Fee & Certified Copy			
INHS18 (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.

1. N	lame of the limited liability company: TRUSTPOIN	TMI TI	ERNATI	IONAL, LLC
2. (a)				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3200 Cobb Galleria Parkway Suite 200		3200	Cobb Galleria Parkway Suite 200
	Atlanta, GA 30339		Atlan	nta, GA 30339
	10/10/2015		M120	00005686
3.	Date of filing/registration in Florida	4.		Document number
5. (a)			
. (Registered Agent and Registered Office shown on the records o CORPORATION SERVICE COMPANY	f the Flor	ida Dept. of	f State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<u></u>
	1201 HAYS STREET			18 JAN
	TALLAHASSEE, F	3230	1-2525	<u> </u>
(b)	Paracorp Incorporated			···· 1 · ‡
ζ-,	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:	D M D SC
	155 Office Plaza Drive, 1st Floor			9
	NEW Registered Office Address:		· <u>-</u>	

	Tallahassee , F	L 3230)1	
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of of amization or the overating agreement of the	of the reg liability of the l	gistered o company imited lia	office and the business office of the registered t, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	John Holling			J. Simeone, as CFO
_	lature of a member or authorized representative of a member			Printed or typed name of signee
provi. the ol to me	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, t ed in writing of this change.	zree to c e perfor led for ii I hereby	ict in this mance of a Chapter confirm i	e capacity. I further agree to comply with the faw duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Signat	ture of Registered Agent Attion Vana Aggistant Source	uame fa.	· Darass=	rn Incorporated
3 -	Milton Vong, Assistant Secre Division of Corporations • P.O.	•		
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