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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)796-7274

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

Email Address:_____

LLC REGISTERED AGENT CHANGE **CURVATURE SOLUTIONS LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CURVATUE SC	DLUTIONS LLC of Limited Liability Company
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:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	
E-mail address: (to be used for future annua	
For further information concerning this matter, p	
Mary Castillo	888 705-7274 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 following a	amount:
□ \$25 Filing Fee	□ \$55 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.

	Mai	me of the limited liability company: CURVAT	UE SOLU	TIONS	LLC
1.		859 WARD DR	(b) 859 \		
2.	(a) _	Principal office address of limited liability company:		dailing address	of limited liability company:
		(Note: MUST BE STREET ADDRESS)	OTE		BE POST OFFICE BOX
		STE 200	STE	200	
		SANTA BARBARA, CA 93111	SANT	A BARE	BARA, CA 93111
		1/28/2013	M130	000006	555
3.		Date of filing/registration in Florida	4.	Document nu	amber
5.	(a)	CORPORATION SERVICE C		-	
		Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of State	t :	
		1201 HAYS STREET		_	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		2
				<u>.</u>	020
		TALLAHASSEE, FL	32301	-	2020 DEC
		Registered Agent Solutions,	Inc		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				_	
		Effect name of the wastered western and the wasterna	XIIII HELIII		
		155 Office Plaza Dr.		_	ANIII: 22
		NEW Registered Office Address:		_	
		Suite A			
				_	
		Tallahassee, FL	32301	_	
16	the l	imited liability company is not organized under the law	s of the State of Fl	orida, it is he	reby confirmed that after
th.	a cha	mae or changes are made, the Florida street address of	the registered offic	e and the bus	iness office of the registered
W:	as/we	will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o	t the limited habili	ty company o	r as otherwise provided in
th	e arti	icles of organization or the operating agreement of the	limited hability cor	npany.	
/s <u>/</u>		etsy Dellinger	Betsy Del		Manager ed name of signee
		ture of a member or authorized representative of a member		,,	<u>-</u>
	nere	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete			
th to	ovisi e obi mer	ligations of my position as registered agent as provided ely reflect a change in the registered office address, I is discussed in writing of this change. Mackenzie Hart, Asst. Secretary	T for in Chaptér 60 nereby confirm thai	5, F.S. Or, if the limited li	This document is being filed ability company has been