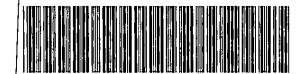
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(Requestor's Name)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL MAIL	
(Bu	siness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
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Special Instructions to Filing Officer:			
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Office Use Only



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17 JUL 26 PH 2: 58 DIVISION OF COMPLETATIONS

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: July 24, 2017

Order#: 737363-004

Re: REACH CONTACT 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: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive 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.

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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	ame of the limited liability company: Reach Contact l	LLC	
2 (a)	1015 Atlantic Blvd	(b	888 Seventh Avenue
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)
	#428	_	
	Atlantic Beach, FL 32233	-	New York, NY 10019
	10/31/2016	_	M16000008692
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Incorporating Services, Ltd		
	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:
	1540 Glenway Drive		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2
	Tallahassee .FI.	32301	FILED 17 JUL 26 PH 2: 58 DIVISION OF CORRESPONDE FORES
(b)	Corporation Service Company		0K 0F
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office ådd	lress:
			\$ % C
	1201 Hays Street		<u> </u>
	NEW Registered Office Address:		C. F.
	Tallahassee	32301	
the cha agent was/w	limited 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 lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regis bility co f the limi	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
	odd C. Johnson ture of a member or authorized representative of a member	Todo	d C. Johnson, Authorized Person
	•		Printed or typed name of signee
provis. the ohi to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	ee to act performa I for in C ereby co	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605. F.S. Or, if this document is being filed infirm that the limited liability company has been
Signatu	ore of Registered Agent Corporation Service Company	BY: Gr	race E. Kirby, Assistant Vice President
	Division of Corporations P.O. R	Ox 6327	* Tallahaccas El 32314