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COVER LETTER

SUBJECT: UNITED SPACE ALLIANCE, L	J.C	•	F6. 8
SUBJECT:	of Limited Liab	ility Company	213
5 S' M L			0
Dear Sir or Madam:			Programme Contraction of the Con
The enclosed Registered Agent/Registere	d Office Chang	ge and fee(s) are submi	tted for filing.
Please return all correspondence concern	ing this matter	to the following:	
•			
Water Water			-
Vanessa Rincones Name of Person			
14916 01 1 61804			
United Space Alliance, LLC		•	
Firm/Company			
600 Gemini			
Address			
Houston, Texas 77058			
City/State and Zip Code			
vanessa.l.rincones@usa-spaceops.com		•	•
8-mail address: (to be used for future annual repo	ort notification)		•
	neiter niesse ca	11.	
For further information concerning this re-	restari bramos an		
For further information concerning this m			
For further information concerning this m Vancasa Rincones	281	282-3838	
		282-3838 Area Code & Daytime Telep	hone Number
Vanessa Rincones Name of Person	at (²⁸¹	Area Code & Daytime Telep	hops Number
Vanessa Rincones Name of Person STREET/COURIER ADDRESS:	at (²⁸¹	Area Code & Daytime Teler	hone Number
Vanessa Rincones Name of Person STREET/COURIER ADDRESS: Registration Section	at (²⁸¹ M	Area Code & Daytime Telep AILING ADDRESS: glstration Section	shore Number
Vanessa Rincones Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations	at (281 M Ro D	Area Code & Daytime Telep AILING ADDRESS: egistration Section vision of Corporations	thone Number
Vanessa Rincones Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	at (281 M Ro Di P.	Area Code & Daytime Telep AILING ADDRESS: egistration Section vision of Corporations O. Box 6327	hone Number
Vanessa Rincones Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	at (281 M Ro Di P.	Area Code & Daytime Telep AILING ADDRESS: egistration Section vision of Corporations	hone Number
Vanessa Rincones Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	at (281 M Ro D P, Te	Area Code & Daytime Telep AILING ADDRESS: egistration Section vision of Corporations O. Box 6327	shore Number

10/12/2015 10:14 8656336092

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

Pursuant to the provisions of sections 608.416 or 608.508, 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 limited liability company: UNITED SPACE	E ALLIANCE, LLC		
2. (a) Principal office address of limited liability compan	iy:		
(Note: MUST BE STREET ADDRESS)	600 GRMINI HOUSTON TX 77058		
(b) Mailing address of limited liability company:	- Test of the second se		
(Note: MAY BE POST OFFICE BOX)			
02/28/1996	M96000000061		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	ROCHELLE L COOPER		
Registered Office Address:	1102 JOHN GLENN BLVD. TITUSVILLE FL 32780 US		
	111031411101111111111111111111111111111		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: CT Corporation System		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road		
	Plantation ,FI, 33324		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization		
Signature of a member or authorized representative of a member	- `` .		
Vanessa Rincones Printed or typed name of signes	<u>.</u>		
	tombre to had in this way with the st		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the program I am familiar with and accept the obligations of my po. Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company of CT Carporation System	gree to dit in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.		
Signature of Registered Agent Division of Corporations, P.O. Box 63: FILING FEE: 52	Storu 27, Tallahassee, FL 32314		

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By: