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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

2019 JUN -7 PM 8:58

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

Email Address: _____

**REGISTERED AGENT CHANGE
TOUCH CORPORATION AMERICA**

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|-----------------------|---------|
| Certificate of Status | 0 |
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TOUCH CORPORATION AMERICA
2. The principal office address: 1 S SCHOOL AVENUE, SUITE 400, SARASOTA, FL 34237
3. The mailing address (if different): PO BOX 909, SARASOTA, FL 34230

4. Date of incorporation/qualification: 10/26/2010 Document number: P10000087490

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CHRIS CASEWELL

3700 S Tamiami Trail, Suite 200

SARASOTA, FL 34239

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LEGALINC CORPORATE SERVICES INC.

5237 SUMMERLIN COMMONS BLVD, SUITE 400

P.O. Box NOT acceptable

FORT MYERS, FL 33907

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

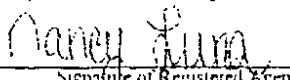
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.


Signature of an officer or director

DEON BARNARD

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

05/21/2019

Date

If signing on behalf of an entity:

NANCY LUNA

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR 210-15 (03/12)

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