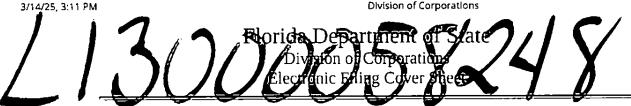
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : 120090000081

: (307)200-2803

Phone Fax Number

: (813)436-5206

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

,,			
5	Email	Address	:

LLC REGISTERED AGENT CHANGE ASCEND WIRELESS NETWORKS, LLC

K. SALY MAR 17 2025

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Help

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.	Na	ame of the limited liability company: Ascend Wireless N	etworks,	LLC		
2.	(a)	522 W RIVERSIDE AVE	(b	522 W RIV	VERSIDE AVE	
_,	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		STEN	_	STEN		
		Spokane WA 99201	_	Spokane V	VA 99201	
		04/22/13		L130000582	248	
3.		Date of filing/registration in Florida	4.	-	Document number	
5	(a)	CT Corporation System				
J.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		1200 South Pine Island Road				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	
					- F3	
		Plantation , FL 3	33324		ESTABLISHED PRINTS	
,	(b)	Northwest Registered Agent LLC			The state of the s	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		7901 4th St N			FILEU MANUSCONTINA	
		NEW Registered Office Address:			_	
		STE 300			_	
		St. Petersburg	33702			
If t	he li	imited liability company is not organized under the law	s of the	State of Fl	orida, it is hereby confirmed that after	
age wa	ent v s/we	inge or changes are made, the Florida street address of to vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	bility co	mpany, it i lited liabilit	s hereby confirmed that the change(s) y company or as otherwise provided in	
		Nat Smith	Nat S	Smith		
	_	ture of a member or authorized representative of a member			Printed or typed name of signee	
Il pro the to	ierel ovisi obl niere tifiga	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I hi I in writing of this change.	re to act performo for in C ereby co	in this cap ance of my Chapter 60: onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
// 	· 1/	Taylor Newman - Assistant Sec	cretary			