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(((H24000363020 3)))



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Division of Corporations

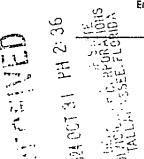
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## LLC REGISTERED AGENT CHANGE ADVANTAGE VOICE & DATA, LLC

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K. SALY

OCT 3 1 2024

From: Alexis Gregor

To:

Fax Audit # H24000363020 3

## 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 Itability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l Nas	ne of the limited liability company: Advantage Voi	ce & Dati	LLC
	4250 Route 1 Ste 114	(b)	
2. (3) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OPFICE BOX)
	Monmouth Junction, New Jersey 08852		Monmouth Junction, New Jersey 08852
3.	Date of filing/registration in Florida  REGISTERED AGENTS INC.	 - <sub>4,</sub> -	M21000017146  Document number
5. (a)	Registered Agont and Registered Office shown on the records of	the Morida	Dept. of State
	7901 4TH ST N STE 300		
	Registered Office Address - MIUST BE PLORIDA STREET.	ADDRESS)	PRA OCT 31
	ST PETERSBURG , FL	33702	ASS
(b)	Business Filings Incorporated		To P
	Fines name of NEW Registered Agent and/or NEW Registered  1200 South Pine Island Road  NEW Registered Office Address:		ON CONTRACTOR OF
	Plentation F	L33324	
the chagent	limited liability company is not organized under the la lange or changes are made, the Florida street address of a Florida limited limited limited limited by were authorized by an affirmative vote of the members ricles of organization or the operating agreement of the	nvs of the of the regi liability co of the lin e limited	State of Florida, it is hereby confirmed that after stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company, ryan Bruder, Manager
Signature of a number or authorized representative of a member Printed or typed name of signee			
i her provi the of to me nouff	elly accept the appointment as registered agent and ag sions of all statutes rolative to the proper and complet bligations of my position as registored agent as provid roly reflect a change in the registered affice address, a ed in writing of this change.	gree to ac le perforn led for in I heroby c	t in this capacity. I further agrae to comply with the sance of my duties, and I om lamiliar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
-7.5.	# 1		
	inre of Registered Agent bris Das, AVP, Business Filings Incorporated Division of Corporations • P.O. FILING	, Box 632 FEE: \$2:	7 • Tallulmssee, FL 32314 5.00

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