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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number

: (855)330-1010

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

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REGISTERED AGENT CHANGE PI COMMUNICATIONS, INC.

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Y SULKER FEB 0 8/2022

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 60 ange is submitted for a corporation organized t er to change its registered office or registered o	under the laws of the State of Florid	ia
	the corporation: Pi Communications, Inc		
	l office address: 7901 4th St N STE 300 S		
3. The mailing a	address (if different):		
4. Date of incor	rporation/qualification: 01/24/02	Document number: P02000007	906
	nd street address of the current registered agent automent of State: (If resigned, enter resigned)	and registered office on file with the	<u>.</u>
	RINICKER, ELAINE AMS.		
	1050 Dickey Rd		
	Murphy, FL 28906		
6. The name and (if changed):	Northwest Registered Agent LL 7901 4th St N STE 300 P.O. Box. NOT	.C	2022 FEB -8
	St. Petersburg FL 33702		ST 8:
The street address changed will	ress of its registered office and the street addre Il be identical.	ess of the business office of its reg	istered agent,
Such change was authorized by the	vas authorized by resolution duly adopted by it the board, or the corporation has been notified	ts board of directors or by an offic I in writing of the change.	er so
Elaine	C Pinicker El	aine Rinicker, President	
I further agree of my duties, ar document is be	It the appointment as registered agent and agr to comply with the provisions of all statutes r nd I am familiar with and accept the obligation ing filed merely to reflect a change in the reg as been notified in writing of this change.	ee to act in this capacity. elative to the proper and complete on of my position as registered age istered office address, I hereby con	e performance ent. Or, if this nfirm that the
Ton Ge	gnature of Registered Agent	2/08/2022	
Šig	gnature of Registered Agent	Date	
If signing on bo	chalf of an entity:		
Tom Glove			
Τ	Typed or Printed Name * * * FILING FEE: \$.	75 NN * * *	
	" " " FILING FEE: 3.	JJ:00 " " "	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)