

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 017944

**Entity Name:** CENTURYLINK OF FLORIDA, INC.**Current Principal Place of Business:**100 CENTURYLINK DRIVE  
MONROE, LA 71203**Current Mailing Address:**100 CENTURYLINK DRIVE  
MONROE, LA 71203 US**FEI Number:** 59-0248365**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	SECRETARY
Name	COX, GARY MAXWELL
Address	100 CENTURYLINK DRIVE
City-State-Zip:	MONROE LA 71203

Title	D
Name	GOFF, STACEY W
Address	100 CENTURYLINK DRIVE
City-State-Zip:	MONROE LA 71203

Title	CEO
Name	JOHNSON, KATE E
Address	1025 EL DORADO BLVD
City-State-Zip:	BROOMFIELD CO 80021

Title	CFO
Name	STANSBURY, CHRIS
Address	1025 EL DORADO BLVD
City-State-Zip:	BROOMFIELD CO 80021

Title	ASST. SECRETARY
Name	RANDAZZO, JOAN E.
Address	100 CENTURYLINK DRIVE
City-State-Zip:	MONROE LA 71203

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY MAXWELL COX**SECRETARY****04/20/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date