

7/13/23 10:00 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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
HOTWIRE COMMUNICATIONS, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

RECEIVED

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 JUL 13 AM 9:45

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JUL 13 2023
TALLAHASSEE

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. HOTWIRE COMMUNICATIONS, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 3/7/2006 3. B06000000108
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CONTARINI, ANTONIO
Name
2100 W. CYPRESS CREEK ROAD
Address
FORT LAUDERDALE, FL 33309
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Denise Bell HOTWIRE COMMUNICATIONS, LLC by Denise Bell, Attorney in Fact
Signature of General Partner

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 obligations of my position as registered agent.

[Signature]
Signature of Registered Agent
Kimberly Bowens

Filing Fee: **\$35.00**
Certified Copy (optional): **\$52.50**

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