Division of Corporation

Division of Corporations **Electronic Filing Cover Sheet**

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Page: 2 of

Division of Corporations

: (850)617-6380 Fax Number

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 (954) 208-0845 Phone Fax Number : (614)573-3996

Enter the email address for this business entity to be used for fulto annual report mailings. Enter only one email address please. Email Address:

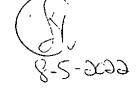
REGISTERED AGENT CHANGE POC NETWORK TECHNOLOGIES, INC.

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

Help



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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut nge is submitted for a corporation organized under the laws of the State of Delaw r to change its registered office or registered agent, or both, in the State of Florid	are	-	
I. The name of t	he corporation: POC NETWORK TECHNOLOGIES, INC.		_	
2. The principal	office address: No Change		_	
3. The mailing a	ddress (if different): No Change		_	
	poration/qualification: 08/31/2009 Document number: F09000003464			
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	:		
	Jack Guinan			
	5975 SUNSET DRIVE, SUITE 501			
	SOUTH MIAMI, FL 33143			
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	SECR TAL	2022 AUG -4	
	C T Corporation System	ETA	S .	
	1200 South Pine Island Road	AS AS	+	!
	P.O Box NOT occeptable	SE	₽	j
	Plantation, Florida 33324	. FIS	<u></u>	
The street addre as changed will	ss of its registered office and the street address of the business office of its regi be identical.	stereo agen	<u>လ</u> ယ	
Such charge wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so		
	Drew Kniese, CFO			
-	e of an officer or director Printed or typed name and little	•	•	
oj my aunes, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete d I am familiar with and accept the obligation of my position as registered agei ng filed merely to reflect a change in the registered office address. I hereby con been notified in writing of this change.	performan hi. Or ij th ifirm that th	ce iis ie	
C T Corporation	8/4/202	22		
	nture of Registered Agent Date		•	
If signing on bel	nalf of an entity:			
	elm-Assistant Secretary ped or Printed Name			
	* * * FILING FEE: \$35.00 * * *			

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

By: