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To:

Division of Corporations

Fax Number : (850)617-6380

From:

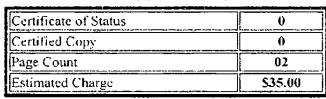
Account Name ; C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

**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 MASSCOMM INC.



JUN 04 2018

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

statement of cha	provisions of sections 607.0502, 617.0502, 60 inge is submitted for a corporation organized ir to change its registered office or registered	under the laws of the State of New	York	-	
1. The name of	the corporation: Masscomm Inc.				
2. The principal	office address: 4001 N. Rodney Parham Rd., Li	ttle Rock, AR 72212			
3. The mailing a	address (if different):				_ _
4. Date of incon	poration/qualification: 3/04/2010	Document number: F1000000111	3		
	i street address of the current registered agent rtment of State: (If resigned, enter resigned)	and registered office on file with the	e		
	Corporation Service Company				
	1201 Hays St				
	Tallahassee, FL 32301		IALL	3	
6. The name and (if changed):	d street address of the new registered agent (if	changed) and /or registered office	All Assets	JUH - 1	77
	C T Corporation System		Fig. 7		MO
	c/o C T Corporation System, 1200 South Pine Is	sland Road			
	P.O. Box NOT acception, Florida 33324	table	SE SE	05	
The street addre	ess of its registered office and the street addr be identical.	ess of the business office of its regi	stered age	mt,	
Such change wa authorized by th	as authorized by resolution duly adopted by ine board, or the corporation has been notified	ts board of directors or by an office I in writing of the change.	er so		
1/2r	Sai Mood Kr	isti M. Moody, Corporate Secretary Printed or typed name and fille		_	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and age to comply with the provisions of all statutes in my duties, and I am familiar with and accept is document is being filed merely to reflect a that the corporation has been notified in wri		egistered Fess, I		
BX CT Cor		5/17/2018			
Sig	half of an entity: Halpin	Date		-	
<u></u>	yped or Printed Name	3.5.00 n n n			

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 (03/12)