## F1100005567

(R(	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	SEP 2 3 2022
	Office Use Only





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	1200000001	95
	REFERENCE	:	959975	8390430
	AUTHORIZATION	J	forethe len	ean
	COST LIMIT	: 7	\$ 3.5.00	
ORDER DATE :	September 16, 202	22		
ORDER TIME :	9:30 AM			
ORDER NO. :	959975-186			
CUSTOMER NO:	8390430			
NAME :	CHANGE OF AC		<u>-</u>	

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

1. The name of the corporation: \_\_\_\_\_ HC2 NETWORK INC.

2. The principal office address: 295 Madison Avenue, 12th Floor, New York, NY 10017

3. The mailing address (if different):

- 4. Date of incorporation/qualification: 12/05/2017 Document number: F17000005567
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

United Agent Group Inc.

801 US Highway 1

North Palm Beach, FL 33408

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

-	Corporation Service Company				
	1201 Hays Street	_		20 S	
-	P O. Bo	2022 SEC			
	Tallahassee	FL	32301	SEP	<u> </u>
as changed will b	s of its registered office and the street be identical. authorized by resolution duly adopted board, or the corporation has been no contended to the corporation of the street contended to the street	d by its board of o tified in writing Jill Cilmi, Vice	directors or by an o of the change. e President	fficer so Hi 2	
	of an officer or director		ted or typed name and title		-
document is bein	he appointment as registered agent and comply with the provisions of all stat I am familiar with and accept the obl g filed merely to reflect a change in the been notified in writing fifthis change.	e registerea offic	this capacity. he proper and comp sition as registered he address, I hereby	vlete performance agent. Or, if this confirm that the	2

Bν Signature of Registered Agent

09/16/2022

Date

If signing on behalf of an entity:

Corporation Service

Ami M. Casper, Asst. Vice President

Typed 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)