(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





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AUG 3 0 2017 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACC	COUNT NO.	:	I2000000	0195	
		F	REFERENCE	:	786481	8119185	
		AUTHO	RIZATION	:	Syn.	Senda	
		CC	ST LIMIT	:	\$ 25.00	near	<u> </u>
ORDER I	DATE :	August	28, 2017				
ORDER T	CIME :	1:23 F	PM				
ORDER 1	10. :	786481-	-005				
CUSTOME	ER NO:	8119	9185				
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	NAME:		TELECOMM		CATION		
PLEASE	RETURN	THE FOI	LOWING AS	PR	OOF OF FI	LING:	
		FIED COL	_				
XX	_ PLAIN	STAMPEI	J COPY				

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT#

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUB.F	ECT: Reel Te	elecommunication Services, LLC
		e of Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered Offic	ce Change and fcc(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
	Name of Person	
	Firm/Company	
	1 🗸	
	Address	
	City/State and Zip Code	
	E-mail address: (to be used for future annu	ual report notification)
For fu	rther information concerning this matter, p	please call:
		at ()
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following:	amount:
	□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHSI	8 (2/14)	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

_	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  December 31, 2001  Date of filing/registration in Florida  Michael Maliszewski, Esq.  Legistered Agent and Registered Office shown on the records of the	4.		Mailing addres (Note: MA)	V BE POST		
5. (a) _ R	Date of filing/registration in Florida  Michael Maliszewski, Esq.  Legistered Agent and Registered Office shown on the records of the		L	<del></del>	·		
5. (a) _ R	Date of filing/registration in Florida  Michael Maliszewski, Esq.  Legistered Agent and Registered Office shown on the records of the			Document	number		
R -	egistered Agent and Registered Office shown on the records of th	ne Florida D					
_			ept. of Stat	- te:			
_	E22 Colorado Avenus						
ĸ	532 Colorado Avenue Registered Office Address (MUST BE FLORIDA STREETA)	DDRESS)		<del></del>			
-					ing Min en	هشد	
_	532 Colorado Avenue			<del>_</del>		7 A	
	Stuart ,FL	34994			22	S	. k
E	Corporation Service Company inter name of NEW Registered Agent and/or NEW Registered 6  1201 Hays Street NEW Registered Office Address:	()(fice addr	ess:	-	SEELFLORIDA	9 AM II: 49	
_		32301		-			
he chang igent wil was/were	nited liability company is not organized under the law ge or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of despending or the operating agreement of the less of organization or the operating agreement of the less of organization or the operating agreement.	the registe bility com f the limit	ered offic pany, it ed liabili	e and the but is hereby control ty company	siness off nfirmed th	ice of at the	the registered change(s)
	(menter)			Leslie Smi			
	re of a member or authorized representative of a member			Printed or ty	•	_	
provision the oblig to merely	vaccept the appointment as registered agent and agrees of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act in performan I for in Ch ereby con	ice oj my apter 60 Jirm thai	pacity. I furly duties, and 15, F.S. Or, i the limited sa Zendet	ther agree I am fami if this doc liability c	to co liar w ument ompai	mply with the ith and accep is being filed ny has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00