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(Re	equestor's Name)				
(Ad	idress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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(Do	ocument Number)				
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MAR 1 5 2016

S MASON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: March 10, 2016

Order#: 043406/004

Re: EUROLINK AMERICA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

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.

2 (a)	4351 Gulf Shore Blvd #101	(b)	1260 Karl Court	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX	•
	Naples, FL 34103		Wauconda, IL 60084	
	06/20/2003	_	L03000023234	
3.	Date of filing/registration in Florida	4.	Document number	
. (a)	Craig J Hudson			
` `	Registered Agent and Registered Office shown on the records of the	: Florida D	Dept. of State:	
	4351 Gulf Shore Blvd #101			
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)		
	Naples , FL_	34103		1
(b)	Corporation Service Company		444444	-
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice addr		_
	1201 Hays Street		TATE TO THE TABLE	j
	NEW Registered Office Address:		STATE LORIDA	
	Tallahassee , FL_	32301		
ne cha gent v as/wo	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the line	ne registe ility com the limite	tered office and the business office of the reg mpany, it is hereby confirmed that the change ted liability company or as otherwise provide	gisi ge(s
	026 2	Dona	a Priebe, Authorized Person	
Signa	ture of a comber or authorized representative of a member		Printed or typed name of signee	
I here provisi the obl to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided jety reflect a change in the registered office address, I held in writing of this change.	to act in	Printed or typed name of signee in this capacity. I further agree to comply	v ic s

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President