10/3/2018



**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

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## LLC REGISTERED AGENT CHANGE **NETWORK EFFECTS LLC**

Certificate of Status	0
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## 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.

1. Na	ame of the limited liability company: NETW	ORK EFF	ECIS LLC
(a) C	907 WEST CORAL STREET.	<sub>(b)</sub> 9	07 WEST CORAL STREET.
(u <i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	TAMPA, FL 33602	<u></u>	AMPA, FL 33602
	03/17/2008	LO	8000028287
3.	Date of filing/registration in Florida	4.	Document number
5, (a)	INCSMART FLORIDA, INC.		
. (11)	Registered Agent and Registered Office shown on the record 4865 47TH PLACE	pt of State:	
	Registered Office Address (MUST BE FLORIDA STRE	3 3	
		, FL 32967	ー
(b)	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Regist  3030 N. Rocky Point Dr.	tered Office addres	<u>z:</u> -2
	NEW Registered Office Address		<del></del>
	STE 150A		<u></u>
	Tampa	. FL_33607	
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite the earthorized by an affirmative vote of the membiticles of organization or the operating agreement of	ss of the register ed liability comp ers of the limited	ed office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	Riluy tak	Rlley	
•	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	thy accept the appointment as registered agent and all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office addressed in criting of this change.  Pill Hayron Proci	vided for in Cho sx, I hereby conf	
Simar	W / Bill Havre Presi	นะหเ -	