110000024085

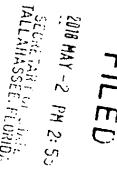
(Req	uestor's Name)			
(Address)				
DbA)	ress)			
(City)	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		}		

Office Use Only



500312844045

05/02/18- -01009- -028 **25.00



COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations				
SUBJECT:	Network Connections Group USA LLC				
	Name of Limited Liability Company				
Dear Sir or I	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.		
Please returi	all correspondence concerning th	is matter to the	e following:		
Graham B	Barker				
	Name of Person	·	<u> </u>		
Network C	Connections group USA				
	Firm/Company				
1225 mars	sh Fern Road				
	Address				
Miims, FL	32754				
	City/State and Zip Code				
)ncusa.com				
	address: (to be used for future ann	-	fication)		
For further i	nformation concerning this matter,	please call:			
Graham B	arker	407 at (321-7394		
	Name of Person		Area Code & Daytime Telephone Number		
STR	REET/COURIER ADDRESS:	M	AILING ADDRESS:		
-	istration Section		egistration Section		
	sion of Corporations	Division of Corporations			
	ton Building	P.O. Box 6327			
	Executive Center Circle ahassee, Florida 32301	1;	allahassee, Florida 32314		
Encl	losed is a check for the following	amount:			
X\$:	25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

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. No	ame of the limited liability company: Network Co	onnections Grou	up USA LLC
2. (a)	Graham Barker	(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1225 Marsh Fern Road		
	Mims. FL 32754		
	05/01/2018	L1000	00024085
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	BARKER, GRAHAM		
. (11)	Registered Agent and Registered Office shown on the records	of the Florida Dept. of	State:
	221 SOLDIERS CREEK PLACE LONGW	OOD, FL 32750	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	<u></u>
	221 SOLDIERS CREEK PLACE		ALLAHAY
	Longwood	FL 32750	HASS
(b)	BARKER, GRAHAM		FILED MAY-2 PM 2::
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	ー
	BARKER, GRAHAM		10 <i>y</i>
	NEW Registered Office Address		
	1225 Marsh Fern Road		
	Mims	_{FL} 32754	
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered o liability company, s of the limited liab	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
		Graham E	Barker
	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and a ions of all signifes relative to the proper and comple ligations of the position as registered agent as provide the reflect to change in the registered office address. I in writing of this change	igree to act in this le performance of ded for in Chapter I hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Signatu	re of Registered Agent		

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