Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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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.

	lame of the limited liability company:	etworki	ng, LLC				
	370 CENTER POINTE CIR #1190		(b) 370 CENTER POINTE CIR. #1190				
2. (a)	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)	_ '	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)				
	ALTAMONTE SPRINGS, FL 32701	_	ALTAMO	NTE SPRINGS	5, FL 327	01	
	08/09/2010	_	L1000008	3326			
3. 5. (a	Date of filing/registration in Florida RAJAN, ARIF	4.	Ī	Document number			
J. (4	Registered Agent and Registered Office shown on the records of t	the Florid	a Dept. of State:		را الآنيــ	28	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 370 CENTER POINTE CIR. #1190				ORETARY OF ST ALLAHASSEE,	2019 JUL 24 PH 12:	٠,
	ALTAMONTE SPRINGS , FL	32701			RETARY OF L	24	7-1
(b)	Assured Compliance Services, LLC				338. JO	P	fi
(0,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		STATE , FL	12: 57	١
	NETY Registered Office Address:						
	214 S. Park Ave. Ste. B						
	Winter Park , FL	32789					•
the chagent	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regi ability co of the lim limited	stered office company, it is alted llability liability comp f Rajan	and the business of hereby confirmed to company or as oth pany.	ffice of the that the ch terwise pro	e registe ange(s)	red
	anire of a member of authorized representative of a member			Printed or typed name	-		
I hen provid the ob- to met notifie	thy accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of the change	ee to acc perform i for in C iereby c	t in this capa ance of my di Chapter 605, onfirm that th	city. I further agre uties, and I am fam F.S. Or, if this do he limited Hability	e to comp illiar with cument is company i	ly with t and acc being fil acs been	he epi led
Signer	ure of Registered Agent		a. m. H. L.	D1 10254			

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

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