11/22/21, 11:21 AM Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE NETWISE DATA, LLC

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Heip

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	ime of the limited liability company: NetWise Data, LL	С	
2. (a)	350 CAMINO GARDENS BLVD, SUITE 202	(b)	
(• -) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOCA RATON, FL 33432		<u> </u>
	05/16/2011		L11(00m57125
3.	Date of filing/registration in Florida	4.	Document number
= / >	GORALL, W. DWIGHT		
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept.	of State:
			>>
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		17.58 17.58 17.58
	350 CAMINO GARDENS BLVD. SUITE 202	<u> </u>	AON AON
	BOCA RATON, FL	33432	2021 NOV 22
	C T Corporation System		AH 10:
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	C T Corporation System		7
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation F1	33324	
the chragent was/w the art	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability compar of the limited I limited liabili	toffice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
Sign:	active of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei notifie	thy accept the appointment as registered agent and agi sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I ded in writing of this change. C T Corporation System	ree to act in th performance d for in Chapt herchy confirt iis, Assistant Sect	of my diffes, and I am familiar wan that decepter 605, F.S. Or, if this document is being filed in that the limited hability company has been
By: Signat	ure of Registered Agent		