L11000/22477

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COVER LETTER

SUBJECT: PALM TE	ELECOM & POWER LLC	<u>;</u>					
	Name o	f Corporation	on				
DOCUMENT NUME	BER: L11000122477						
The enclosed Statemen	nt of Change of Registered Of	ffice/Agent	and fee	are submitted for fi	ling.		
Please return all corres	spondence concerning this ma	atter to the f	ollowin	g:			
MAI	RC BANDY						
 -		Contact Per	son				
DA	LM TELECOM & POWE	BUC					
		/Company					
	-	1 2					
997	NW 63RD CT			- 	-		
	A	Address					
O	CALA, FL 34482				₹		
		e and Zip Co	ode			14	
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	andy@juno.com	<u> </u>			79 h	23	ţ
E-	mail address: (to be used for	or future an	muai re	port notification)	Ti nt. Ti _{tt}	200	
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For further information	n concerning this matter, plea	se call:				14 MAY 23 AH 9: 40	*****
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MARC BANDY	of Contact Person	at (35	2 200 Cod	30-9900 le & Daytime Telep	hone Ni	umbar	_
Name	of Comact Person	А	rea Coc	ie & Daytime Telep	none m	imbei	
Enclosed is a \$35.00 c	heck made payable to the De	partment of	State.				
	Mailing Address: Amendment Section		Stree	t Address: ndment Section			
	Division of Corporations P.O. Box 6327	i e		sion of Corporation on Building	ns		
	Tallahassee FL 32314			Executive Center	Circle		

Tallahassee, FL 32301

CR2E045 (03/12)

TO:

Amendment Section Division of Corporations



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 28, 2014

MARC BANDY
PALM TELECOM & POWER LLC
997 NW 63RD CT
OCALA, FL 34482

SUBJECT: PALM TELECOM & POWER LLC

Ref. Number: L11000122477

We have received your document for PALM TELECOM & POWER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application. Please complete the attached form for your limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 514A00008996

www.sunbiz.org

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 PALM TELECOM & POWER LLC Name of the limited liability company: Ocala, FC 34476 · (b) Principal office address of limited tiability company Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 10/26/20// Date of filing/registration in Florida 3. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Signature of a member or authorized representative of a member