11300000001910

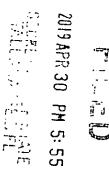
| (Req | uestor's Name) |) | | | | |
|---|-----------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Addi | ress) | | | | | |
| (City/ | /State/Zip/Phor | ne #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Busi | iness Entity Na | me) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificate | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Office Use Only



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04/30/19--01024--020 ++25.00



R. WHITE MAY - 9 2019

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|---|---|----------|---|--------------------------------------|--|
| SUBJ | ···· | e LLC | | | |
| | Nan | ne of Li | mited Li | ability Company | |
| Dear S | Sir or Madam: | | | | |
| The er | nclosed Registered Agent/Registered Off | ice Cha | inge and | fee(s) are submitted for filing. | |
| Please | return all correspondence concerning th | is matte | er to the | following: | |
| | Jill Loomis | | | | |
| | Name of Person | | | | |
| | FI-Jacksonville LLC | | | | |
| | Firm/Company | | | | |
| | 139 Eastport Road | | | <u> </u> | |
| | Address | | | | |
| | Jacksonville, FL 32218 | | · | | |
| | City/State and Zip Code | | | | |
| | office@fiberintl.com | | | | |
| | -mail address: (to be used for future ann | ual rep | ort notif | ication) | |
| For fu | rther information concerning this matter. | please | call: | | |
| | Donald Whitlock | at (_ | 904 | 757-6030 | |
| | Name of Person | | | Area Code & Daytime Telephone Number | |
| | STREET/COURIER ADDRESS: | | MAILING ADDRESS: | | |
| | Registration Section Division of Corporations | | Registration Section Division of Corporations | | |
| | Clifton Building | | P.O. Box 6327 | | |
| | 2661 Executive Center Circle Tallahassee, Florida 32314 | | | | |
| | Tallahassee, Florida 32301 | | | | |
| Enclosed is a check for the following amount: | | | | | |
| | ☑ \$25 Filing Fee | | □ \$5 | 55 Filing Fee & Certified Copy | |

INHS18 (2/14)

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 | me of the limited liability company: FI-Jacksonvil | lle LLC | |
|------------------|--------------------------|---|--|--|
| 2 | (a) | 139 Eastport Rd, Jacksonville, FL 32218 | (b) (same) | |
| | (4) | 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) |
| | | | | |
| | | 04-24-2013 | | L13000060196 |
| 3. | | Date of filing/registration in Florida | 4. | Document number |
| 5. | (a) | United States Corporation Agents, Inc. | | |
| ₽. | (4) | Registered Agent and Registered Office shown on the records of | the Florida Dept. of Sta | te: |
| | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | _ |
| | | 13302 Winding Oaks Court (Suite A) | | 20 S |
| | | | 22242 | 2019 APR |
| | | Tampa | 33612 | |
| | | PRO CONTRACTOR | | 30 |
| | (b) | Jill Loomis Enter name of NEW Registered Agent and/or NEW Registered | 1 Office address: | - P (5.7) |
| | | internance of NITAL Registered Agent and or NEW Registered | a office addition. | |
| | | Fiber International LLC | | - 55 - 55 |
| | | NEW Registered Office Address: | · | - m o |
| | | 139 Eastport Road | | |
| | | Too Eastport House | | _ |
| | | Jacksonville , FL | 32218 | _ |
| the ag wa | cha ent w s/we | mited liability company is not organized under the lar nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | f the registered offic lability company, it of the limited liabili | ce and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided is |
| | | Donald Whitlock | Š | Donald Whitlock |
| | Signat | ure of a member or authorized representative of a member | | Printed or typed name of signee |
| pro the to | ovisie e obli mere | by accept the appointment as registered agent and ago ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change. | e performance of my | duties and Lam familiar with an |
| | | Jill Loomis | | |
| Si | gnatur | e of Registered Agent | | |