LI300094353

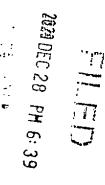
(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Office Use Only					



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12/28/20--01016--023 **25.00

S. YOUNG



то:		stration Section for Corporations		*
SUBJE	ECT:	Fiberinstall.com LLC		
		Name	of Limited Lia	bility Company
Dear Si	ir or N	dadam:		
The end	closed	Registered Agent/Registered Office	e Change and fo	e(s) are submitted for filing.
Please i	return	all correspondence concerning this	matter to the fo	llowing:
Mike W	/omer			
		Name of Person		_
United .	Agent	Services. LLC		
		Firm/Company		_
221 N E	3road	St		
		Address		_
Middlet	town, l	DE 19709		
	•	City/State and Zip Code		_
,	_	unitedagentservices.com		•
E-	-mail	address: (to be used for future annua	il report notifica	ntion)
For furt	ther ir	nformation concerning this matter, p	lease call:	
Quinn M	McCre	ary	302 at (894-7716
		Name of Person		Area Code & Daytime Telephone Number
	Regi Divi P.O.	ling Address: stration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Encl	osed is a check for the following a	mount:	
	= \$2	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.

(a) <u>'</u>	Principal office address of limited liability company:	_ ''	·		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
-	LUTZ, FL 33558		LUTZ	Z. FL 33558	
-	09/11/2012	_	1.12000	0116313	
_	Date of filing/registration in Florida SMALLBIZ AGENTS, LLC	4.		Document number	
_	Registered Agent and Registered Office shown on the records of the 75 N. WOODWARD AVE. #10000 Registered Office Address (MUST BE FLORIDA STREET A)	of State:			
-	TALLAHASSEE FL_	7623 DEC			
(D) _	United Agent Services LLC				
E	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	PH 6			
_	9100 Conroy Windermere Rd #200-UAS	6: 39			
1	NEW Registered Office Address:				
-	Windermere, FL_	34786			
ange o ent wi s/were	mited liability company is not organized under the law or changes are made, the Florida street address of the r ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of les of organization or the operating agreement of the le	s of the register pility co the lin	ed offici ompany, rited lia	ce and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in	
	re of a member or authorized representative of a member			Printed or typed name of signee	

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

Signature of Registered Agent