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J. Shivers FEB 2 0 2014

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

9	
1. Name of the limited liability company: L23 COMMUNICATIO	DNS, LLC
2 (a) Principal office address of limited lightlifty company	11804 CDUSSELLE
 (a) Principal office address of limited liability compation (Note: MUST BE STREET ADDRESS) 	JACKSONVILLE, FL 32223
(<u>i.v.v. i.vov za orinazi iiz orinazi</u>	
(b) Mailing address of limited lightitis comments	11804 CDNCCCLLE
(b) Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)	JACKSONVILLE, FL 32223
(
October 24, 2013	147000150070
3. Date of filing/registration in Florida	4. Document number
5. Date of thing/registration in Florida	4. Document namber
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Miriam Cruz-Bustillo
Registered Office Address:	2525 Ponce de Leon Blvd
7.08.000 0 1.100 1.1 0.10 00	Suite 250
	Coral Gables, FL 33134
NEW Registered Agent:	Lauren Alexa Gonzalez
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11804 CRUSSELLE
	JACKSONVILLE, FL 32223
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fund the business office of the registered agent will be iden iability company, it is hereby confirmed that the change(she members of the limited liability company or as otherwhe operating agreement of the limited liability company.	Florida street address of the registered office tical. Or, in the case of a Florida limited
Janen Gerglen	
ignature of a member or authorized representative of a member	F1
auren Alexa Gonzalez, Member	
Printed or typed name of signee	— ·
hereby accept the appointment as registered agent and a omply with the provisions of all statutes relative to the predictions of all statutes relative to the predictions of my point and accept the obligations of my point that the limited liability compand the limited liability compandictions of Registered Agent	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in vely reflect a change in the registered office y has been notified in writing of this change.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00