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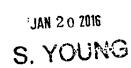
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INHS18 (2/14)

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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	ne of the limited liability company: MHR COMMS LLC
2. (a)	(b)
2. (u) .	Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	6377 Coach House Ct. 6377 Carch House Ct.
	Tallahasse Fr 32312 Tallahasse Fr 32312
	January 28, 2014 L14000014759
3.	Date of filing/registration in Florida 4. Document number
5. (a)	
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Flager, Christopher CPA
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
L	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) W. Redd, Crona's, Margare Murroe, 2075 Center Point Polyd The Cona's Margare Murroe, 2075 Center Polyd The Cona's Margare Mu
	TallahaGele ,FL 30312 = 5
(b)	
	Princi fidure of 14214 Registered Agent under 14214 Registered Office and 1631
	Marcia Kaitberg
	NEW Registered Office Address:
	6322 Coach House Ct.
	Tallahasse FL 32312
If the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the char	nge or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/we	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the artic	eles of organization or the operating agreement of the limited liability company.
Signat	ure of a member or authorized representative of a member Marcia Roi Herry Printed or typed name of signee
Ü	
provisio the obli to mere	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
Signal	e of Registered Agent
CIRIUMIII	or regiment right / 1

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

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