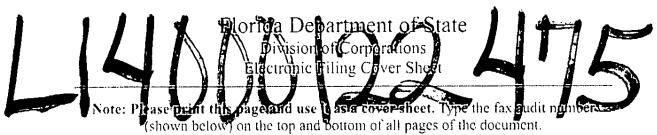
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To:

Division of Corporations



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To:		8
	Division of Corporations	
	Fax Number : (850)617-6383	(π). (π). πο (ππ). πο
From:		r.:
	Account Name : C T CORPORATION SYSTEM	
	Account Number : FCA000000023	115 115 126
	Phone : (614)280-3338	
	Fax Number : (614)573-3996	

LLC REGISTERED AGENT CHANGE NETPROTECT VPN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON

DEC - 5 2024

Electronic Filing Menu Corporate Filing Menu

Email Address:___

Help

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	ame of the limited liability company: NETPROTECT	VPN, LLO	<u> </u>	
2 (a)		(b)	
(,	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	360 Park Ave South, 17th Floor		360 Park	Ave South, 17th Floor
	New York, NY 10010	<u>-</u>	New York	K. NY 10010
	08/05/2014		L14000122	.475
3.	Date of filing/registration in Florida	4.		Document number
5 (0)				
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept. of Sta	- te:
	Florida Filing & Search Services, Inc.			
	Registered Office Address (MUST BE FLORIDA STREET	-		
	155 Office Plaza Drive			2024
	TALLAHASSEE , F	L_32301		2024 DEC
(h)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ac	ldress:	
	C T Corporation System			4:26
	NEW Registered Office Address:			_
	1200 South Pine Island Road			
				_
	Plantation , F	L 33324		_
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regi liability c of the lin e limited	stered offic ompany, it nited liabili liability cor	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signa	time of a member or authorized representative of a member			Printed or typed name of signee
provisi the obi to mer notifie By:	thy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is composited in writing of this change. CT Corporation System Michele Holden, Asst. Secreta	e perform led for in I hereby o	et in this cap nunce of my Chapter 60 vonfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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