5/19/2020

Florida Department of State Division of Corporations Electronicial Priscover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_____

LLC REGISTERED AGENT CHANGE NEXT GENERATION APPLICATIONS LLC

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

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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.

	me of the limited liability company: INEXT GCT 15607 Howell Park Lane	•	a. 15607	Howell Park I	ane
)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 15607 Howell Park Lane Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	TAMPA, FL 33625		TAMPA	A, FL 33625	
	01/26/15		L150000	014679	
	Date of filing/registration in Florida	4.		Document number	•
	NONE Posistared Agent Resigned: 00/00/2	2019			
1)	NONE Registered Agent Resigned: 09/09/2 Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET)	f the Flot		 	
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	Registered Agent and Registered Office shown on the records o	the Flor			2 020 JUN 19
	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET)	f the Floor ADDRE	SSS)		2020 JUN 19 AN
	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET FREGISTERED Agents Inc.	f the Floor ADDRE	SSS)		AII 9: 2
(a)	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET) FREGISTERED Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered	f the Floor ADDRE	SSS)		All 9:

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of <u>organization</u> or the operating agreement of the limited liability company.

Riley Park

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Havre - Assistant Secretary

Signature of Registered Agent