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TALLARASSER FLETTRING



J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations			
annum Malinatus / With and I	/.		
SUBJECT: WUNTER SASTEMS A Name of	Limited Liability Company		
The Mark at 1 and 20			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Sum MECHU			
Seon McWilly Name of Person			
NUNET SYSTEMS 1/2.			
Firm/Company			
242) Now If ()			
Address			
3402 Norfolf 5t. Address 3306	.2		
Pompand Book / /2 3300 City/State and Zip Code	T.		
City/State and Zip Code			
Cran mecully ax hab. 4	200		
E-mail address: (to be used for future annual re	eport notification)		
For further information concerning this matter, pleas	se call:		
Sean Maconi	(154) 778-7676 Area Code & Daytime Telephone Number		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amo	unt:		
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			
197 30.0在19特点。			

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	me of the limited liability company: No Net	SYST	trus	//<		
	Principal office address of limited liability company:		3402	NoPFOH	k 57 flimited liability compan	
	(Note: MUST BE STREET ADDRESS)		•••		E POST OFFICE BOX)	
	Pompono Brach		Pom	prno Bi	tock	
3.	Date of filing/registration in Florida	 - 4		5000119		
٥.						
5. (a)	Registered Agent and Registered Office shown on the records of			-		
			Dept. of State	3:		
	2857 NE 320 57. AF	't , 7_		-		
	Registered Office Address MUST BE FLORIDA STREET	(DDRESS)				
	Fort Laddeld-1+ ,FL	333 01	,		TAL SE	
(b)	Ston McWW Enter name of NEW Registered Agent and/or NEW Registered			_		- T
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		ASS 25	ariti
	3402 Norfolk St				SFER SFE	
	NEW Registered Office Address:				PH 1: 38 FOR STAFE REFLORIDA	
	Pompono Broth ,FL	3301	<u> </u>		_	
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist ability cor of the limit limited lia	ered office npany, it is ted liability ability com	e and the busin s hereby confir y company or a	ness office of the reg rmed that the change as otherwise provide	istered (s)
Signat	ture of a member or authorized representative of a member	<u></u>		Printed or typed	name of signee	
поппес	by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I is a writing of this change.	ee to act i performa d for in Ci hereby con	n this capa nce of my a hapter 605 afirm that i	acity. I further duties, and I ar i, F.S. Or, if th the limited lial	r agree to comply wi m familiar with and his document is beiny bility company has b	ith the accept g filed een
Signatui	re of Registered Agent					