

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC REGISTERED AGENT CHANGE AIRS NETWORKS HOLDINGS, LLC

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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.

l. Nat	me of the limited liability company:AIR5 N			S HOLDINGS, LLC	
2. (a)	4025 Tempa Road, Suite 1101	((b)	4025 Tampa Road, Sulta	1101
(,	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		. •	Mailing address of limited in Note: MAY BE POST	lability company;
	Oldsmar, FL 34677		_	Oldsmar, FL 34677	
		_	•		
	12/30/2015	······································	L	.18000000390	
3.	Date of filing/registration in Florida	 4,	_	Document number	
·	Charles Glenn	•			
5, (a)	Registered Agent and Registered Office shown on the records of	of the Florid	da E	Dopt, of State:	
**	3427 Mariner Boulevard				
	Rogistered Office Address (MUST BE FLORIDA STREET	TADDRES	75)		•
	•	•	•		
	Spring Hill, FL 34606	. 3460	<u> </u>		
	Spring Till, C. 04000	L	~		
(b)	Carter, Clendenin & Foreman, PLLC	,			
(0)	Enter name of NEW Registered Agent and/or NEW Register	od OMce n	भीवी	ress:	
	TOOO Dealers I IIII Bules			296	<u> </u>
	5308 Spring Hill Drive				007
	NEW Registered Office Address:	P		No.	6/2
					
	Spring Hill	PL 3460	6	1 A 1900 - 1	
		-	_		व ि ।
the cha agent v was/we	imited liability company is not organized under the large or changes are made, the Plorida streat address will be identical. Or, in the case of a Florida limited pre authorized by an affirmative vote of the member cles of organization or the operating agreement of the	of the reg liability s of the li he limited	gist cor imi d li	tered office and the business off mpany, it is hereby confirmed the ted liability company or as other	ice of the registered ast the change(s)
	ture of a member or authorized representative of a namber		<u></u>	Printed or typed name of	•
1. p	by accept the appointment as registered agent and a lons of all statutes relative to the proper and completing attentions of my position as registered agent as provingly reflect a change in the registered office address, at its wilding of this change.	igree to a le perfor ded for in I hereby	ret Ina I C	in this capacity. I further agree nce of my duties, and I am fami hapter 605, F.S. Or, if this doc nfirm that the limited liability c	to comply with the liar with and accept ument is being filed ompany has been
H16a	002483723 Division of Corporations P.C). Box 63 FEE: S2	27 25.	Tullahassee, FL 32314	

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