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(Requestor's Name)					
(Address)	50037267				
(Address)	00007207				
(City/State/Zip/Phone #)	09,703/2101021				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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2021 SEP -3 PH 4: 43



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COVER LETTER

TO:	Registration Section Division of Corporations		•
SUBJ	RURAL BROADBAND SYST	EMS, LLC	
., ., .,		Name of Limited L	iability Company
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please	e return all correspondence concernir	ng this matter to the	following:
Juan 1	7. O'Naghten		
	Name of Person		
Juan T	". O'Naghten P.A.		
	Firm/Company		
5901 5	SW 74th Street, Suite 400		
	Address		_
Miam	i, Florida 33143		
	City/State and Zip Co	de	_
juan.t.	onaghten@ondlaw.com		
	E-mail address: (to be used for future	annual report notif	ication)
For fi	urther information concerning this ma	atter, please call:	
Juan T	7. O'Naghten	305 at (285-0800
	Name of Person		Area Code & Daytime Telephone Numbe
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	wing amount:	
	■ \$25 Filing Fee	□ S	55 Filing Fee & Certified Copy

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. N	lame of the limited liability company: RURAL BROAT)BAND	- SY	STEMS, LI	LC			
2. (a)	Principal office address of limited liability company:		(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Σ	Mailing address o (Note: MAY B			
	23748 STATE ROAD 40			1360 S. DI.	XIE HWY., ST	E 200		
	ASTOR, FL 32102			CORAL G	ABLES, FL 33	146		
	04/24/2017		I	.170000896	600			
3.	Date of filing/registration in Florida	4.	_		Document nur	mber		
5. (a)	·			_			
	Registered Agent and Registered Office shown on the records o Juan T. O'Naghten	f the Flor	rida	Dept, of State				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-			
	2950 SW 27th Avenue, Suite						202	
	Miami F	33133			-		2021 SEP -3	-77
					-		1	
(b					.			. ~ <u>.</u> ~
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Office</u>	<u>add</u>	iress:			<u>₹</u>	
	Juan T. O'Naghten					• • •	PH 4: 43	
	NEW Registered Office Address:			 .	-		ယ	
	5901 SW 74th Street, Suite 400				_			
	Miami	33143	;					
		L			-			
chang agent was/v the ar	limited liability company is not organized under the la ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the nature of amember or authorized representative of a member	e registo iability of the I e limited	eree cor limi d li	d office and appany, it is ted liability ability com	d the business shereby confir y company or apany. Printed or typed	office of med that as otherwas of MF name of significant control of the control o	the regis the chan ise provi	tered ge(s) ded in
provi the of to me notifi	chy accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position or registered agent as provide rely reflect a change in the registered office address. I ed in writing of this hange.	ree to a e perfor ed for in hereby	ict i ma n Co r coi	in this capa nce of my a hapter 605. nfirm that i	icity. I further luties, and I ai . F.S. Or, if th the limited lial	agree to m familian iis docum pility com	comply r with an ent is be pany has	with the d accept ing filed been