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## **COVER LETTER**

TO: Registration Section Division of Corporations	*
SUBJECT: Last Mile Communication Name of Lim	injustion, LLC ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
TVelisse Chur Name of Person	
Last Mile Communication, LLC Firm/Company	
13650 Fiddle ticks Blvd. Suite 202,	# 195
Fort Myer, FL 33912 City/State and Zip Code	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
TVE lisse Cour at (2) Name of Person	203 <u>Y91-7740</u> Area Code & Daytime Telephone Number
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 following amount:	:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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 No	me of the limited liability company:	nile Comm	runica tions	l.Lc	
	13650 Fiddlesticks Blue.		50 Fiddlestic	_	_
2. (a) <sub>-</sub>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of lim (Nate: MAY BE PO	ited liability com	
	Suite 202 # 195		uite 202,#	195	
	Fort Myes, Fl 33912	<u>F</u>	int Myer, F	L 33912	·
	3/12/2018		000060574	···	
3.	Date of filing/registration in Florida	4.	Document number	:r	
5. (a)	United State Corporate Agent. Registered Agent and Registered Office shown on the records of the	<i>J. Th.c.</i> ne Florida Dept. of Si	<u> </u>		
	13302 Winding DAK Gurt, Ste. A				
	Registered Office Address MUST BE FLORIDA STREET A	DDRESS)			
	TALAA	33612		202 1241	
	Trimpa			20 F6	<del></del> ;
· (b)	Registered Agents, Inc.		<u></u>	IASS -	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:			
	7901 4th St. N. Shite 300			AH 9	
	NEW Registered Office Address:	· · ·	<del></del>	9: 35 (Alb)	4000
			<u></u>	<u>⊬</u> , Ω	
	St. Petesburg , FL	33702			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of	registered office a bility company, it I the limited liabi	and the business offi t is hereby confirmed lity company or as o	ice of the regis d that the char	stered nge(s)
the arti	cles of organization or the operating agreement of the l	imited Hability Co	ompany. Tupline Cha	1.	
Signa	ture of a member or authorized representative of a member	<del></del>	Typlijk CM Printed or typed nam	ne of signee	
the obl	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I have in writing of this change.	ee to act in this co performance of m I for in Chapter 6 ereby confirm the	ppacity. I further ag y duties, and I am fa 05, F.S. Or, if this a at the limited liabilit	ree to comply miliar with a locument is be y company ha	with the nd accept eing filed s been
Signato	re of Registered Agent				