118000 176990

| (Requestor's Name) | | | | | |
|---|--------------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Cil | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (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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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|--------|--|----------------------|--|--|--|
| SUBJI | Network Lead Exchange, L | LC | | | |
| | Name of Limited Liability Company | | | | |
| Dear S | ir or Madam: | | | | |
| The en | closed Registered Agent/Registered Of | fice Change and f | ee(s) are submitted for filing. | | |
| Please | return all correspondence concerning th | nis matter to the fo | ollowing: | | |
| Mark | D. Nichols | | | | |
| | Name of Person | · | _ | | |
| Netw | ork Lead Exchange, LLC | | | | |
| | Firm/Company | | | | |
| 2121 | Vista Parkway | | | | |
| | Address | | _ | | |
| West | Palm Beach, FL 33411 | | | | |
| - | City/State and Zip Code | | _ | | |
| mnic | hols@ufgcorp.com | | | | |
| F | E-mail address: (to be used for future an | nual report notific | cation) | | |
| For fu | rther information concerning this matter | , please call: | | | |
| Mark | D. Nichols | 561 at (| 868-1453 | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Reg Divi P.O. | ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314 | | |
| | Enclosed is a check for the following amount: | | | | |
| | ☑ \$25 Filing Fee | □ \$55 | 5 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.

| 1. 1 | Network Lea | id Exchai | nge, LL | C |
|--------------------------------------|---|--|---|--|
| | | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 2121 Vista Parkway | | same | |
| | West Palm Beach, FI 33411 | | | · · · · · · · · · · · · · · · · · · · |
| | 07/23/2018 | | L18000 | 176990 |
| 3. | Date of filing/registration in Florida | — _{4.} - | - | Document number |
| 5. (a | 1) | | | |
| ` | Registered Agent and Registered Office shown on the records of | f the Florida | Dept. of Sta | te: |
| | Jill K. Klein | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | |
| | 2121 Vista Parkway | | | |
| | West Palm Beach Fi | L 33411 | | SEP 2 |
| (b |) | | | |
| (0 | Enter name of NEW Registered Agent and/or NEW Registered | d Office add | ress | |
| | Mark D. Nichols | | | |
| | NEW Registered Office Address: | | | _ |
| | 2121 Vista Parkway | | | |
| | West Palm Beach . FI | L 33411 | | |
| sign Sign I her provithe of | limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members aticles of organization or the operating agreement of the nature of a member of authorized representative of a member above accept the appointment as registered agent and ages ions of all statutes relative to the proper and complete obligations of my position as registered agent as provided rely reflect a change in the registered office address. I seed in writing of this change. | f the regist iability corof the limited linited linite | rered office inpany, it ited liability ability con Titus, M | te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. Anager Printed or typed name of signed Printed or typed name or typed name of signed Printed or typed name o |
| Signal | ure of Registered Agent | | | |