L18000218000

(Re	equestor's Name)
(Ad	idress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer
	Office Use Only



REC. 2022 JAN 20 PM. ALLAHASSEE. FLCA SECREMAY OF ST.

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195 REFERENCE : 424598 8367924 AUTHORIZATION : Multiple March COST LIMIT : \$ 25.00 ORDER DATE : January 20, 2022 ORDER TIME : 2:45 PM

ORDER NO. : 424598-005

CUSTOMER NO: 8367924

CHANGE OF AGENT

NAME: ACTIVUS CONNECT LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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.

. Na	me of the limited liability company:	INECT LL		
. (a)	8160 CHILTON DRIVE	(b)	b) 8160 CHILTON DRIVE	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	y:
	ORLANDO, FL 32836		ORLANDO, FL 32836	
	09/13/2018	ļ	L18000218000	
	Date of filing/registration in Florida	4.	Document number	
. (a)	Serrano, Felix Anthony			
(a)	Registered Agent and Registered Office shown on the records o	f the Florida	da Dept. of State:	
	8160 Chilton Dr			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<u></u>	
	ORLANDO	32836	101 S 20	
(D)	Corporation Service Company		SECRE TALL	TÌ
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	ddress: 20	 }
	1201 Hays Street		SSE M	
	<u>NEW</u> Registered Office Address:		AN GE STATE	
	Tallahassee	32301		
ange ent w as/we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered ability con of the limi	red office and the business office of the registere ompany, it is hereby confirmed that the change(s nited liability company or as otherwise provided	ed s)
	h Phadke		esh Phadke, Authorized Person	
NIIcs				

the obligations of an statutes relative to the proper and complete performance of my duites, and 1 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of his change.

0 0 n Signature of Registered Agent

Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

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