

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**490221332**

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To:

Division of Corporations  
Fax Number : (850) 617-6383

**FILED**  
**Jan 15, 2020 08:00 AM**  
**Secretary of State**

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: documents@InCorp.com

**LLC REGISTERED AGENT CHANGE**  
**FOREST HILLS NETWORKS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Forest Hills Networks LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Glenn

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy, Suite 5005

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Glenn on behalf of InCorp Services, Inc. 702-866-2500

Name of Person

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

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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.

1. Name of the limited liability company: Forest Hills Networks LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
63 Bahia Trace Circle  
Ocala, FL 34472
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
63 Bahia Trace Circle  
Ocala, FL 34472
3. 01/22/2019  
Date of filing/registration in Florida
4. L19000021552  
Document number
5. (a) SOOKDEO, HORACE  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
63 Bahia Trace Circle  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Ocala, FL 34472
- (b) InCorp Services, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
17888 67th Court North  
NEW Registered Office Address:  
Loxahatchee, FL 33470

**FILED**  
**Jan 15, 2020 08:00 AM**  
**Secretary of State**

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Horace Sookdeo  
Signature of a member or authorized representative of a member

Horace Sookdeo  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I 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 this change.

Heather Glenn Heather Glenn on behalf of InCorp Services, Inc.  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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