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Y SULKER FEB 1 8 2022 CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 490597 8331191						
AUTHORIZATION : Spelle le man						
COST LIMIT : \$25.00						
ORDER DATE: February 16, 2022						
ORDER TIME: 8:26 AM						
ORDER NO. : 490597-015						
CUSTOMER NO: 8331191						
CHANGE OF AGENT						
NAME: CYBERCOM TECHNOLOGY LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
AA PUATR STAMED COFT						
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	ame of the limited liability company: CYBERCOM TE	CHN	OLO	OGY LLC	<u></u>
(a)	232 Canal Boulevard	(b) P.O. Box 3			: 3140
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suito 4	_			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 4				
	Ponte Vedra Beach, FL 32082	_		Ponte Ve	dra Beach, FL 32004
	November 12, 2019		ļ	_19000280	0639
	Date of filing/registration in Florida	4.	_		Document number
(a)	Bushong, Charles R				
(41)	Registered Agent and Registered Office shown on the records of	the Flo	rida	Dept. of Stat	e:
	816 Highway AIA North				
	Registered Office Address (MUST BE FLORIDA STREET A	1 <i>DDRI</i>	<u> </u>		د . د
	Ponte Vedra BeachFL	3208	32		- - -
	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company		ress:		
	NEW Registered Office Address:				((1)
	1201 Hays Street				_
	Tallahassee FL	3230	1		_
nge nt v :/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 lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility f the l	erec cor imi	I office and npany, it is ted liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	/s/ Christopher Norman		hris	topher No	rman, Authorized Person
gnat	/s/ Christopher Norman jure of a member or authorized representative of a member	_			Printed or typed name of signee
erel visio obli iere fied	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I h I'in writing of this change.	ee to c perfor I for it ereby	ict i mai n Ci coi	n this cape nce of my d hapter 605 ifirm that i	acity. I further agree to comply with the duties, and I am familiar with and acce i, F.S. Or, if this document is being file the limited liability company has been
v. um	bey M. Baronie				
atu	re di Registered Agent M. Baronie, Asst. Vice President on behalf of Corporation Service	e Com	กลมเง	į	

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