h22000088617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

Infinite Network Solutions, LLC
SUBJECT: _____
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:

LEXIE RIVERS
_____   5.00
Name of Person

PRIME CORPORATE SERVICES
_____
Firm/Company
                                                                                        30

5250 S COMMERCE DR STE 200
_____
Address

MURRAY, UT 84107
_____
City/State and Zip Code

llcsupport@primecorporateservices.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEXIE RIVERS   855   577-4639
_____ at (_____)_____
Name of Person   Area Code & Daytime Telephone Number

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   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. Name of the limited liability company: Infinite Network Solutions, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

14359 MIRAMAR PARKWAY, SUITE 500

MIRAMAR, FL 33027

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

14359 MIRAMAR PARKWAY, SUITE 500

MIRAMAR, FL 33027

1/20/2022

L22000088617

3.   Date of filing/registration in Florida   4.   Document number

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Alicia Walker

Registered Office Address   *(MUST BE FLORIDA STREET ADDRESS)*

_____

_____, FL_____

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Alisha Walker

NEW Registered Office Address:

_____

_____, FL_____

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.

Alisha Walker (signature)

Signature of a member or authorized representative of a member

Alisha Walker

Printed or typed name of signee

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.

Alisha Walker (signature)

Signature of Registered Agent

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

INHS18 (2/14)