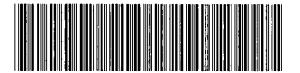
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | |
|-----------|--|-----------------------------------|---|--|--|--|--|--|
| SUBJE | CT: Xplore Cloud Solutions LLC | | | | | | | |
| | Nar | Name of Limited Liability Company | | | | | | |
| Dear Si | r or Madam: | | | | | | | |
| The enc | losed Registered Agent/Registered Off | fice Chang | ge and fee(s) are submitted for filing. | | | | | |
| Please r | eturn all correspondence concerning th | nis matter | to the following: | | | | | |
| Mounika | Damera | | | | | | | |
| | Name of Person | | | | | | | |
| Xplore C | Cloud Solutions LLC | | | | | | | |
| _ | Firm/Company | | | | | | | |
| 9807 Wi | ld Begonia Loop | | | | | | | |
| | Address | . | | | | | | |
| | | | | | | | | |
| | City/State and Zip Code | | | | | | | |
| Land O l | Lakes FL 34637 | | | | | | | |
| E-: | mail address: (to be used for future anr | nual repor | t notification) | | | | | |
| For furth | her information concerning this matter. | , please ca | dl: | | | | | |
| Mounika | Damera | at (| 4 , 771-1761 | | | | | |
| | Name of Person | ar (| Area Code & Daytime Telephone Number | | | | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | |
| | Enclosed is a check for the following | amount: | | | | | | |
| Š | | | ☐ \$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.

| Signature of a member or authorized representative of a member Thereby 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 file to merely reflect a change in the registered office address. Thereby continuation that the limited liability company has been | ۱. ۱ | Name of the limited liability company: Xplore Cloud Sol | lutions LLC | | | | |
|--|---------------------------------------|---|--|--|--|--|--|
| Principal office address of limited liability company: (Nate: MUST BESTREET ADDRESS) 9807 Wild Begonia Loop Land O Lakes FL 34637 Land O Lakes FL 34637 Date of filing/registration in Florida 5. (a) Northwest Registered Agent LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7901 4th St N Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7901 4th St N Registered Office Address STE 300 St. Petersburg Fl. 33702 (b) Mounika Damera Enter name of NEW Registered Agent and/or NEW Registered Office address: Land O Lakes Fl. 34637 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 the register agent will be identical. Or, in the case of a Florida limited liability company, 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 the register 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 or as otherwise provided in the articles of organization or september of member I hereby accept the apprintment as registered agent and agree to act in this capacity. I further agree to comply with the articles of providence of an ember or authorized representative of a member of the registered agent as provided in in Chapter 615. F.S. Or, if this document is being file to writing of this otherwise. Florida in the function of the registered agent as provided in in Chapter 615. F.S. Or, if this document is being file and the providence of an ember or an ember or a chapter of the | 2. (a | | (b) | | | | |
| Land O Lakes FL 34637 Date of filing/registration in Florida 4. Document number 5. (a) Northwest Registered Agent LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7901 4th St N Registered Office Address [ABUST BE FLORIDA STREET ADDRESS] STE 300 St. Petersburg St. Petersburg FL 33702 Mounika Damera Enter name of NEW Registered Agent and/or NEW Registered Office address: 9807 Wild Begonia Loop NEW Registered Office Address FL 34637 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 change are made, the Florida street address of the registered office and the business office of the registere agent will be identical. Or, in the case of a Florida limited liability company, it is knerby 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. MOUNIKA DAMERA Nignature of a member or authorized representative of a member of members of the limited liability company. MOUNIKA DAMERA Nignature of a member or authorized representative of a member of the limited liability company. MOUNIKA DAMERA Nignature of a member or suppositionent as registered agent and agree to act in this capacity. I further see to comply with the provisions of all statutes relative to the proper and complete performance of my fluides, and I am familiar with and acce, the proper and complete performance of my fluides, and I am familiar with and acce, the proper and complete performance of my fluides, and I am familiar with and acce, the proper and complete performance of my fluides, and I am familiar with and acce, the proper and complete performance of my fluides, and I am familiar with and acce, the proper a | | Principal office address of limited liability company: | | Mailing address of limited liability company: | | | |
| 3. Date of filing/registration in Florida 4. Document number 5. (a) Northwest Registered Agent LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7901 4th St N Registered Office Address (MUST BE FLORIDA STREET ADDRESS) STE 300 St. Petersburg F1, 33702 St. Petersburg F1, 33702 Enter name of SFW Registered Agent and/or NEW Registered Office address: 4 | | 9807 Wild Begonia Loop | 98 | 07 Wild Begonia Loop | | | |
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| - Assistant Secretary | provis the ob to mei notifig | tions of all statutes retailive to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I i ad in writing of this change. | ree to act in tl performance d for in Chap hereby confir | his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been | | | |
| | / - | - Assistant Si | ecretary | | | | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

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