122000405227

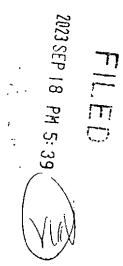
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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09/19/23--01040--022 **55.00



COVER LETTER

_	istration Section ision of Corporations						
SUBJECT:	ATS Anderson Telecom Splicin	g					
302001.	Name of Limited Liability Company						
Dear Sir or I	Madam:						
The enclose	d Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.				
Please return	n all correspondence concerning	g this matter to t	ne following:				
Garry Anders	son						
	Name of Person						
ATS Anderso	on Telecom Splicing, LLC						
	Firm/Company						
95038 Paso I	Robles Court						
	Address						
Fernandina H	Beach, FL 32034						
	City/State and Zip Co	de					
Anderson@a	tsplicing.com						
E-mai	address: (to be used for future	annual report no	tification)				
For further i	nformation concerning this ma	tter, please call:					
Garry Anders	son	715 at (581-6263				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Div P.O	iling Address: pistration Section ision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	losed is a check for the follow	ving amount:					
□ \$	25 Filing Fee		\$55 Filing Fee & Certified Copy				
INHS18 (2/14	4)						

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. N	ame of the limited liability company: ATS Anderson To	elecom S	Splic	ing			
2. (a)							
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		`	Maili	ing address of limited ote: MAY BE POST	liability c	ompany:
	95038 Paso Robles Court		(95038 Paso Rol	bles Court		
	Fernandina Beach, FL 32034		- 1 -	Fernandina Bea	ach, FL 32034		
	09/16/2022		L	22000405227			
3.	Date of filing/registration in Florida	4.		Doc	cument number		
5. (a)	ZenBusiness, Inc.						
J. (u.	Registered Agent and Registered Office shown on the records of	the Flori	da D	ept. of State:			
	Khadijeh Hemmati						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	SS)				
	336 E. College Ave., Suite 301					2	
	Tallahassee	32301				2023 SEP	77
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Kelli M. Anderson <u>NEW Registered Office Address:</u> 95038 Paso Robles Court	d Office 1	addr	ess:	1	18 PM 5: 39	
	Fernandina Beach , FI	32034					
chang agent we still the off Signs I here provis the one in order	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the autre of a member of a member of a member of a member action of all statutes relative to the proper and complete ligations of my position as registered agent as provide by reflect hychange in the registered office address. It also registered of the different of this change.	e registe ability cof the li limited	ered com mite Hial arry	office and the pany, it is her ed liability compan hills compan Anderson Print this canacity	e business office of reby confirmed the impany or as other by. Inted or typed name of the impany of	of the reg at the ch rwise pro	gistered ange(s) ovided in