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COVER LETTER

TO: Registration Section Division of Corporations KEADINET COMMUNICATIONS LLC 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: Dominic Garcia
Name of Person Readinet Communications LLC 4415B Constitution Lane Marianna, FL 32448
City/State and Zip Code MARLEYGEM38@GMAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Marie of Person at (850), 317-5178

Name of Person Area Code & Daytime Telephone Number Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:

12 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

l. N	ame of the limited liability company:READINET_COMMUNI	ICATIONS LLC	
2. (a)	Principal office address of limited liability company: Ma	ISB CONSTITUTION LO ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	TV
		ianna, F1 32448	
		000456839	
3. 5. (a)	United States Compration Acousts T	Document number	
(b)	Jacksonville FL 32202 Dominic Garcia Enter name of NEW Registered Agent and/or NEW Registered Office address:	2023 NOV -6	n
	4415B Constitution Lane NEW Registered Office Address:	6 PH 1:50	
	Marianna .fl 32448		
changagent was/w the art Signa	by accept the appointment as registered avent and agree to act in this capaci	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided it many. INIC GAY CIA Printed or typed name of signee	n
notijie 	ions of all statutes relative to the proper and complete performance of my duligations of my position as registered agent as provided for in Chapter 605, Fely reflect a change in the registered office address. I hereby confirm that the d in writing of this change. OMMO	F.S. Or, if this document is being fil e limited liability company has been	éd