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217 NOV 27 PK 1: 07

J. HARRIS

	Registration Section Division of Corporations									
SUBJE	Nationwide Communication Services, LLC									
COBCE		Name of Limited Liability Company								
Dear Sir	or Madam:									
The enc	losed Registered Agent/Registered Off	ice Change	and fe	e(s) are submitted for filing						
	eturn all correspondence concerning th			_						
i icase ii	cturn an correspondence concerning in	ns matter to	uie 101	nowing:						
Thoma	as Botlick									
	Name of Person									
Nation	wide Communication Services, L	LLC								
	Firm/Company									
РО Во	x 618133									
	Address									
Orland	o Fi 32861									
	City/State and Zip Code									
tbotlick	@nationwidecommunications.co	o m								
E-1	mail address: (to be used for future ann	ual report r	otifica	ition)						
For furth	ner information concerning this matter,	please call	:							
Thoma	s Botlick	407 at (468-3050						
	Name of Person			Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS:			LING ADDRESS:						
	Registration Section		-	tration Section						
	Division of Corporations			ion of Corporations						
	Clifton Building			Box 6327						
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallal	nassee, Florida 32314						

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☑ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

Nationwide Communication Ser		(t) Nationwi				
Principal office address of limited liab (Note: MUST BE STREET AL				Mailing address (Note: MAY			
7041 Grand National Drive			PO Box	618133			
Suite 202 - Orlando Fl 32819			Orlando	FI 32861			<u>-</u>
5/27/1998		_	L9800000	00685			
Date of filing/registration in	Florida	4.		Document n	umber		
. James R Usher							
Registered Agent and Registered Office show	on the records of			- e: -			
Registered Agent and Registered Office show Registered Office Address (MUST BE FI 7041 Grand National Drive Su Orlando	<i>LORIDA STREET.</i> lite 202		S)	- e: - -		2817 NC V	*:
Registered Agent and Registered Office show Registered Office Address (MUST BE FI 7041 Grand National Drive Su Orlando Thomas Botlick	<i>LORIDA STREET</i> lite 202 , FI	32819	<u>Si</u>	- e: - -		2817 NCV 27	1 \$2
Registered Agent and Registered Office show Registered Office Address (MUST BE FI 7041 Grand National Drive Su Orlando Thomas Botlick	<i>LORIDA STREET</i> lite 202 , FI	32819	<u>Si</u>	- e: -		27 PH	1
Registered Agent and Registered Office show Registered Office Address (MUST BE FI 7041 Grand National Drive Su Orlando Thomas Botlick	<i>LORIDA STREET</i> lite 202 , FI	32819	<u>Si</u>	- e: - -		27	; \$2
Registered Agent and Registered Office show Registered Office Address (MUST BE FI 7041 Grand National Drive Su Orlando Thomas Botlick Enter name of NEW Registered Agent and/o	LORIDA STREET. iite 202, FI	32819	<u>Si</u>	- e: - -		27 FM F:	; \$2

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.

Thomas Botlick

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent