2000 UNIFORM BUSINESS REPU	KI (UDK)	7	
DOCUMENT # L9900007844		SECRETARY OF STATE DIVISION OF CORPORATIO	
Infinity Net LLC	17 77-	DIVISION OF CORPORATIO	NS
	6.5	00 JUL 13 PH 1: 25	*
Principal Place of Business Mailing Address Mailing Address	_	1	,
8 <del>271 S.W. 172ND STREET</del> 8 <del>271 S.W. 172ND STREET</del> MIAMI FL 33157 MIAMI FL 33157		1 49	
2601 S. Bayshore Drive 2601 S. Baysho	ore Drive	1 10 10 10 10 10 10 10 10 10 10 10 10 10	18)11 PBBB: 18)11 BIBN BIBN 1881
Coconut Grove, FL 33133 CECONUT Grove,	FL. 33133		
2. Principal Place of Business 3. Mailing Address 3601 S. Bayshore Drive 3601 S. B	ayshore Drive	1 18811811 BIB 18118 (811) 88111 88111 88111 88111	.81() 1888) 18(() 8(8() 8181 1881
Suite, Apt. #, etc. Suite, Apt. #, etc.	aysnore vive	DO NOT WRITE IN THIS S	SPACE
PH-1B PH 1B		a FFINITE A saled to	Applied For
City & State Coconut Grove, FL. Coconut 6	rove, FL.	4. FEI Number Applica For 65-1013903	Not Applicable
Zip Country Zip 33.33 U.S.A - 33.1.33	Country U.S.A.		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered A	
HKE&F REGISTERED AGENT CORP.	Name		
Street Address (P.O. Box Number is Not Acceptable)			
2601 S. BAYSHORE DRIVE	•		
MIAMI FL 33133	City	; · · FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
VALUE CONTRACTOR CONTR			1
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE	E: Registered Agent signature require	d when reinstating) DATE	
FILE NO	OW!!! FEE IS \$50.00		
Make Check Pa	yable to Department o	of State	ĺ
9. MANAGING MEMBERS/MEMBERS	10.	ADDITIONS/CHANGES	
THE Manager Debets  NAME David Godwin	TITLE		☐ Change ☐ Addition
STREET ADDRESS 2601 S. Bayshore Drive PHIB	NAME STREET ADDRESS		
CITY-87-ZIP COCONUT Grove, FL. 33/33	CITY-8T-ZIP		
TITLE Delete	TITLE		☐ Change ☐ AddOtion ☐
NAME STREET ADDRESS	NAME STREET ADDRESS	600003327 -07/19/000	1861
PITV. 87. 718		*****50.00	-*****5 <u>0</u> -00'
Design	NAME		Change - Addition
STREET ADDRESS	STREET ADDRESS		
CITY-\$1-ZIP	CITY- 8T- ZIP		Change C Saddition
TITLE Deletto	TITLE	•	Change Addition
STREET ADDRESS	STREET ADDRESS		
CITY-81-ZIP-Z	CITY- \$7-ZIP		Change Addition
TITLE Deletto	TITLE NAME		C cuante C vanions
STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP		
CITY-87-ZIP S	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME 5	NAME		
STREET ABDRESS  CFTY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		F. (48)
1 Liberary certify that the information supplied with this filing does not qualify for	r the exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further cer	tify that the information
inclicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
Marchipelante moulation (2) auch			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daylime Phone #			