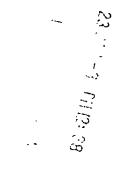
## MO1000000499

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
☐ PICK-UP ☐ WAIT ☐ MAI	Ì
L FICKOF L WAT	<u> </u>
(Business Entity Name)	
(Document Number)	-
Certified Copies Certificates of Status	-
<u> </u>	
Special Instructions to Fiting Officer:	
JAN - 4 2023	
T. MORNE	
JAN	
" 4 2022	
4023	

Office Use Only



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RECEIVED
2024 JAN-3 AHII: 41

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195
REFERENCE	: 139535 . 4355598
AUTHORIZATION	Care Char
COST LIMIT	: \$ 25.00
ORDER DATE : November 20, 202	23
ORDER TIME : 9:10 AM	
ORDER NO. : 139535-001	
CUSTOMER NO: 4355598	
CHANGE OF A	AGENT
NAME: COMCAST PHONE	E OF FLORIDA, LLC
PLEASE RETURN THE FOLLOWING AS	S PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Alexxis Weila	and-sorenson
EX	XAMINER'S INITIALS:

## 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.

Nan	ne of the limited liability company: COMCAS	ST PHO	NE OF FLORIDA, LLC
	701 John F. Kennedy Boulevard	(b)	
•	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Tax Dept	(b)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
-	Tax Dept		
	Philadelphia, PA 19103-2838	<del></del> _	<del> </del>
c	03/06/2001	М	01000000499
	Date of filing/registration in Florida C-T-Corporation System		Document number
(a) _	· · · · · · · · · · · · · · · · · · ·		
	egistered Agent and Registered Office shown on the records of	Tthe Florida De	pt. of State:
_	1200 S. Pine Island Road		
R	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
_		<u>,</u>	
F	Plantation, FI	33324	2)
_	, r:	·	<del></del>
o) <u> </u>	nter name of NEW Registered Agent and/or NEW Registered		is:
(	Corporation Service Company		
<u>N</u>	IEW Registered Office Address:	•	1 Part 12 12 18
1	1201 Hays Street		
_	· · · · · · · · · · · · · · · · · · ·		<u> </u>
Ţ	Fallahassee, FI.	32301	
_	Fallahassee, FI.	, <u></u>	
ge or will vere	ited liability company is not organized under the law changes are made, the Florida street address of the l be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of so of organization or the operating agreement of the	registered or ability compa of the limited	ffice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/:	s/ Jill Cilmi	Jili Cilm	i, Authorized Person
	of a member or authorized representative of a member		Printed or typed name of signee
eby d sions bliga	accept the appointment as registered agent and agr s of all statutes relative to the proper and complete p tions of my position as registered agent as provided reflect a change in the registered office address, I h	ee to act in ti performance I for in Chap pereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed m that the limited liability company has been
ed in	writing of this change	rporation S	Service Company