## MODOWY 7

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





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NUG 2 5 2015 S. YOUNG



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: August 20, 2015

Order#: 744083-003

Re: SOURCE ONE NETWORK SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

## 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.

	ame of the limited liability co	mpany: SOURCE ONE	NETWO	RK SOLU	TIONS, LLC
2. (a)	5831 SCHUMAN DRIVE  Principal office address of  (Note: MUST BE S	limited liability company:	(b	) <u>P. O.</u>	Box: 5343  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	FITCHBURG	WI 53711	_	Madiso	n, WI 53705
	02/20/2002			M02000	000447
3.	Date of filing/regist	ration in Florida	4.		Document number
5. (a)	REGISTERED AGENTS	LEGAL SERVICES, LLC			
J. (u)	Registered Agent and Registered (			Dept. of Sta	ate:
	155 OFFICE PLAZA DRIV	E. SUITE A			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- 물瘊 <b>. 5</b>	
	TALLAHASSEE	FI	32301		MASSERIAL ED
		,112	02001		
(b)	Corporation Service Compa	any			mir = ( ) =
` ,	Enter name of NEW Registered A		Office add	lress:	- SABE
	1201 Hays Street				_
	NEW Registered Office Address:				
	Tallahassee	, FL	32301	· <del>- 11</del>	<u> </u>
the cha agent v was/wa	ange or changes are made, the will be identical. Or, in the ca	Florida street address of ase of a Florida limited lia ve vote of the members of	the regis ability confithe limited li	tered office mpany, it ited liabilitability co	lorida, it is hereby confirmed that after ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.  Authorized Person
Signa	turk of a member or authorized repre	esentative of a member			Printed or typed name of signee
provisi the obi to mer notifie	ions of all statutes relative to	the proper and complete sistered agent as provided istered office address, I h	performa d for in C iereby co	ince of my hapter 60 infirm thai	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been irby, Assistant Vice President
	Th				EV 2424 /