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Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

LIGHTYEAR NETWORK SOLUTIONS, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submit agent, or both, in the Sta	is the following	608.416 or 608.508, statement in order to	Florida Statiltes, change its regis	the undersigned limi tered office or registe	ted red
1. The name of the limit	ed liability com	onny is: Lightyour New	vork Solutions, LLC		
2. The mailing address of	of the limited lial	bility company is : 20	DI E Main Sweat, Suit	e 1000	·······
Lexington, KY 40507					
Procedure 50 Than			M03000004139		
3. Date of filing/registra	tion in Florida		Document num	ber	
5. The name of the regist Florida Department of		he registered office an	idress as shown or	n the records of the	
	NRAI Struices	Ino			
		Name			
	526 E Park Aven				
	Tellebusses	Address			
•	Tallshassee	FL 32301 City, State and Zip			
6. The name and address	of the new regis				
	CT Corporation S	System			-9
	·	Name		Charles (D)	. ~
	1200 South Pine I			77	, 1
	Florida street	address (P.O. Box No	OT acceptable)		r
	Plantetion	FL 33324		ار ا دی	
		City, State and Zip			
If the limited liability concenfirmed that after the cand the business office of liability company, it is be the members of the limite the operating agreement of the limited states of a member or such or su	hange or change f the registered approach confirmed to ad liability compared the limited liability and the liability a	s are made, the Florid gent will be identical, that the change(s) was any or as otherwise prolity company.	la street address of Or, in the case of Vwere outhorized)	f the registered office f a Florida <u>limited</u> by an affirmative vote:	of
Stacia L. (Printed or syped name of signer)	Taylor				
I hereby accept the appointment of the provision and I am familiar with an Chapter 608, P.S. Or. if address, I hereby confirm C T Corporation System (Sibistant al Registered Agent)	Carrier I	ered agent and agree relative to the proper gations of my position being filed to merely liability company has	to act in this capa and complete per n as registered an reflect a change in theen notified in w	icity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.	P
A. Divisio	n of Corporatio	ins, P.O. Box 6327, I	Tallahassee, FL 3	2314	
NH\$10(10/99)	•	filing fee: \$25.0			

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