M0500002365

	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
	J DENNIS					
	SEP 18 2020					
						

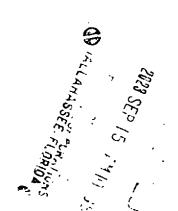
Office Use Only



400414577774

2023 SEP 15 AH 8: 34 SECRETARY OF STATE FALLARASSEE, FLORES

FILED



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.

. Na	me of the limited liability company: FIBERLIGHT, L	LC			
. (a)	3000 Summit Place	((b) 3000 Summit Place		
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	···· \	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 200		SUITE	200	
	Alpharetta, GA 30009		Alphar	etta, GA 30009	
	05/04/2005		M05000	002365	
	Date of filing/registration in Florida	4.		Document number	
. (a)	C T CORPORATION SYSTEM				
. (11)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of S	State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2023 SE(
	1200 SOUTH PINE ISLAND ROAD			SEF CRE CRE	
	PLANTATION . FL	33324		FILE 2023 SEP 15 SECRETARY	
				지유 💆 다	
(b)	The state of the s	() 65		STATE STATE	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>aaress</u> ;	34	
	Corporation Service Company				
	NEW Registered Office Address:	· -		_	
	1201 Hays Street		. <u>.</u> .	_ _	
	Tallahassee	32301			
nange gent w as/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liar re authorized by an affirmative vote of the members of organization or the operating agreement of the	register bility co f the lin limited	ed office ompany, i nited liabi liability c	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
Signal	ure of a member or authorized representative of a member	Jill ——	Cilmi, Aut	thorized Person	
hereb rovisio e obli mere	y accept the appointment as registered agent and agrans of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	e to ac perform I for in (ereby c	t in this co ance of m Chapter 6 onfirm the	Printed or typed name of signee apacity. I further agree to comply with the ay duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	
ignatur	of Registered Agent				
	E. Kirby, Asst. Vice President				
	Division of Corporations P.O. I	Box 632	7● Tallai	nassee, FL 32314	

FILING FEE: \$25.00