M0500000 6209

(Re	questor's Name)	
(Adi	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
_	_	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Special instructions to	r illing Officer.	
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Office Use Only



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RIMAN

COVER LETTER

Division of Corporations		
Hotwire Communications, LLC SUBJECT:		
	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the	he following:	
Antonio Contarini		
Name of Person	··········	
Firm/Company		
2100 West Cypress Creek Rd		
Address		
Fort Lauderdale, FL 33309		
City/State and Zip Code		
antonio, contarinira hotwirecommunication.com		
E-mail address; (to be used for future annual report no	ourication)	
For further information concerning this matter, please call:		
Michele Surick 702 at (234-8468	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
■ \$25 Filing Fee	☐ \$55 Filling Fee & Certified Copy	

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

44

Pursuant to the provisions of sections 605 0114 or 605 0116. Florida Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)	3 Bala Plaza East	(o) <u>3 Bala Pla</u>	aza East
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: \(\textit{Note}; \textit{MAYBE POST OF FICE BON}\)
	Sune 700		Suite 700	
	BALA CYNWYD, PA 19004	_	BALA CY	YNWYD, PA 19004
	14/08/2005		M05000000	หวาด
	Date of filing/registration in Florida	4		Document number
(a)	SURICK, MICHELE			
(11)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Sta	are
	2100 West Cypress Creek Road			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	21	
	FT LAUDERDALE, F	33309		7.0
(b)	Antonio Contarini			2020 JUN 22
	Enter name of NEW Registered Agent and or NEW Registere	d Office a	ldress.	22
	2100 West Cypress Creek Road			
	NEW Registered Office Address			AH 11: 53
	FT LAUDERDALE F	33309		<u>_</u>
ange ent v as/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members scles of organization or the operating agreement of the Africals. Compaths, Confidentials.	register ability of of the lin limited	ed office at ompany, it i nited liabili liability cou	nd the business office of the registered is hereby confirmed that the changers ity company or as otherwise provided impany.
Siana	Michele Suzette Surick Michele Suze		chele Suzette	Printed or typed name of signee
herei ovisi e obl mere	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete ligations of my position as registered agent as providedly reflect a change in the registered office address. If in writing of this hangs.	ree to ac perforn ed for in hereby c	t in this cap acree of my Chapter 60, confirm that	pacity. I turther agree to comply with a duties, and I am familiar with and act 5, F.S. Or, if this document is being to the limited hability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00