

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000243009 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE HOTWIRE COMMUNICATIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu — Corporate Filing Menu

Help

JUL 28 2023

K. Brumbley

To:

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

12122023573

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.

2. (a)			(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2100 West Cypress Creek Road		2100 Wes	st Cypress Creek Road
	Fort Lauderdale, FL 33309		Fort Lauderdale, FL 33309	
	11/8/2005		M0500000	6209
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
	Registered Agent and Registered Office shown on the records of CONTARINI, ANTONIO	the Flori	da Dept, of Star	te:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_
	2100 W. CYPRESS CREEK ROAD			
	FORT LAUDERDALE	33309		-
	, [[<u></u>		- 202 :
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			APPR AN FIL 27 2023 JUL 27 SECRETARS CALLARASS
	C T Corporation System			
	NEW Registered Office Address.			
	1200 South Pine Island Road			- 5 9
	Plantation, Fl	33324		_
he cha gent v vas/w	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	f the reg ability (of the li	gistered offic company, it i mited liabilit	e and the business office of the registere is hereby confirmed that the change(s) ty company or as otherwise provided in
	Omise Boll	Do	mise Bell, Ass	sistant Secretary
_	ture of a member or authorized representative of a member			Printed or typed name of signee
here rovis ie obi i mer otifie	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	ree to a perfor ed for it hereby	ot in this cap mance of my i Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familian with and accests. F.S. Or, if this document is being file the limited liability company has been
	1//			

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