M060000000506

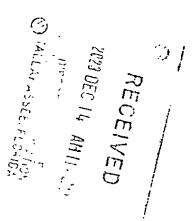
	Doguestada Nama)				
(F	Requestor's Name)				
(A	Address)				
(Address)					
((City/State/Zip/Phone #)				
PIĆK-UP	WAIT MAIL				
(8	Business Entity Name)				
(0	Document Number)				
Certified Copies	Certificates of Status				
Special Instructions to Fi	ling Officer:				

Office Use Only



800420343578

PILED
2023 DEC 14 PM 2: 44
TATTY ANASSEE: FLORIDA



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I2000000195
	REFERENCE	: 139532, 4355598
	AUTHORIZATION	Come Cleman
	COST LIMIT	: \$ 25.00
ORDER DATE :	November 20, 202	3
ORDER TIME :	9:01 AM	
ORDER NO. :	139532-073	
CUSTOMER NO:	4355598	
	CHANGE OF A	GENT
NAME:	COMCAST BUSING COMMUNICATIONS	
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILING:
CERTIF		
CONTACT PERSON	: Eyliena Baker	

EXAMINER'S INITIALS:

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.

1. Na	me of the limited liability company:	AST BUSI	INESS	COMMUN	IICATIONS, LLO	C		
2. (a)	1701 John F. Kennedy Boulevard							
z. (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)			
	Philadelphia, PA 19103-2838		- -					
	01/27/2006			M0600000	00506			
3.	Date of filing/registration in Florida		4.		Document nui	mber		
5. (a)	C T Corporation System							
J. (u)	Registered Agent and Registered Office shown on the real 1200 S. Pine Island Road	ecords of the	e Florida	Dept. of Sta	te:			
	Registered Office Address (MUST BE FLORIDA S	STREET AL	DRESS	ប្				
	Plantation	, FL	33324		- -	TALLA	onog nec 14	-11
(b)						HAS:	Ċ —	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	egistered O	ffice ad	dress:	_	SSE Trif		1 [] []
	Corporation Service Company				_	OF STATE E. FLORIDA	PH 2: 44	
	NEW Registered Office Address:					70 A	44	
	1201 Hays Street		-		_	P		
	Tallahassee	, FL	2301		_			
:hange igent w was/wc	mited liability company is not organized under or changes are made, the Florida street addres rill be identical. Or, in the case of a Florida ling re authorized by an affirmative vote of the mea- cles of organization or the operating agreement	s of the re nited liabi mbers of t	gistere lity co he lim	d office an mpany, it is ited liabilit	d the business of s hereby confirmation of a y company of a	office of the r ned that t he c	egiste :hange	red e(s)
	/s/ Jill Cilmi		Jill C	Cilmi, Autho	orized Person			
I hereb provisio he obli o mere	are of a member or authorized representative of a member of accept the appointment as registered agent a second control of accept the appointment as registered agent as gations of my position as registered agent as given the reflect a change in the registered office addition writing of this change	and agree mplete per provided for ress, I her	to act iforma or in C eby co oratio	in this cape nce of my o hapter 605 nfirm that i n Service	Printed or typed in acity. I further in the duties, and I am in, F.S. Or, if this the limited liabile Company	J	ply wi h and s being has b	th the accept 3 filed een
Signature	e of Registered Agent	— Ami I	M. Ca	sper, Ass	st. Vice Presi	dent		