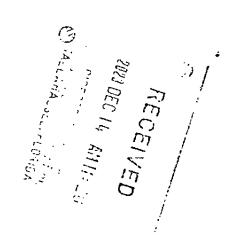
MII 00000 1137

(Requestor's Name)					
(Address)					
(Address)					
(. 131000)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Soother Halles),					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400420343854



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

• •

ACCOUNT NO. : 12000000195	
REFERENCE : 139532 4355598	
AUTHORIZATION AND AUTHORIZATION	
COST LIMIT \$ 25.00	
ODDED DATE Name of the Control of th	
ORDER DATE: November 20, 2023	
ORDER TIME : 9:02 AM	
ORDER NO. : 139532-306	
CUSTOMER NO: 4355598	
,	- -
CHANGE OF AGENT	
NAME: COMCAST MVNO II, LLC	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Eyliena Baker	
EXAMINER'S INITIALS:	
ENAMINER 5 INTITALS:	

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.

. Name of the limited liability company	COMCAST MVNC) II, LLC	
. (a) 1701 John F. Kennedy Boulevard		(h)	
Principal office address of limited (Note: MUST BE STREET		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Philadelphia, PA 19103-2838			
03/04/2011		M110000	001137
Date of filing/registration	in Florida	4.	Document number
C T Corporation System			
(a)	nown on the records of the	Florida Dept. of S	tate:
1200 S. Pine Island Road			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	<u>.</u>		
Plantation	FI. 3	3324	• •
	, , , , <u>D</u>		<u>· · · · · · · · · · · · · · · · · · · </u>
(b) Enter name of NEW Registered Agent an			:
Enter name of <u>NEW Registered Agent</u> an	d/or NEW Registered Off	fice address:	-
Corporation Service Company			:
NEW Registered Office Address:			_
1201 Hays Street			
Tallahassee	, FL	301	
he limited liability company is not organing or changes are made, the Florida strent will be identical. Or, in the case of a s/were authorized by an affirmative vote articles of organization or the operating	nized under the laws or reet address of the reg Florida limited liability of the members of the	of the State of F istered office a ity company, it is limited liabil	is hereby confirmed that the change(s) ity company or as otherwise provided in
/s/ Jill Cilmi		Jill Cilmi, Auth	orized Person
Signature of a member or authorized representative			Printed or typed name of signee
hereby accept the appointment as registe ovisions of all statules relative to the pro a obligations of my position as registered merely reflect a change in the registered tified in writing of this change	red agent and agree to per and complete pery agent as provided for office address, I here Corpo	o act in this cap formance of my or in Chapter 60 by confirm that oration Servic	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been be Company
gnature of Registered Agent	Ami M	1. Casper, As	sst. Vice President