M12000005389

| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



100459015181

S. CHATHAM OCT - 3 2025

2025 OCT - 1 AM 10: 25

7025 OCT - 1 PM 4: 05

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

| ACCOUNT NO. : 12000000195 | | | | | | |
|---|--|--|--|--|--|--|
| REFERENCE : | | | | | | |
| AUTHORIZATION : | | | | | | |
| COST LIMIT : \$25.00 | | | | | | |
| ORDER DATE : 10/01/2025 | | | | | | |
| ORDER TIME : | | | | | | |
| ORDER NO. : | | | | | | |
| CUSTOMER NO: | | | | | | |
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| CHANGE OF AGENT | | | | | | |
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| NAME: | | | | | | |
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| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| CERTIFIED COPY PLAIN STAMPED COPY | | | | | | |
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| CONTACT PERSON: | | | | | | |
| 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.

| ı. Na | me of the limited liability company: WINDSTREAN | NEW EDG | E, LLC | | |
|---|--|---|---|-------------------------------|--|
| 2. (a) | 4005 N. Rodney Parham | (b) | | | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ("/ | Mailing address of limited lial (Note: MAY BE POST OF | pility company: FFICE BOX) | |
| | Mailstop: 1170-B1F03-531A | | | | |
| | Little Rock, AR 72212 | | | | |
| | 09/26/2012 | M1 | 12000005389 | 389 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | |
| 5 (a) | Registered Agent Solutions, Inc. | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | ept. of State: | 202 | | |
| | 1200 South Pine Island Road | | Ĺ | 50C | |
| | Registered Office Address (MUST BE FLORIDA STREET | - Constant of the constant of | 2025 OCT - 1 | | |
| | | | | - Fares | |
| | Plantation | 33324 | [4] [4] | ED AM 10: 25 | |
| | Plantation, F | L | | | |
| (b) | | | -باب | 25 | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registere | d Office addre | ess: | | |
| | Corporation Service Company | | | | |
| | NEW Registered Office Address: | | | | |
| | 1201 Hays Street | | | | |
| | | | | | |
| | Tallahassee, F | 32301 'L | | | |
| agent | limited 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 lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | aws of the State registered of the limited limited limited limited limited limb | pany, it is hereby confirmed that ed liability company or as otherw bility company. | the change(s) | |
| | /s/ Michelle Simpson | | Michelle Simpson, Vice President & Asst. Secretary Printed or typed name of signec | | |
| I here provis the ob to men notifie | ClimberA | led for in Cha Thereby conf orporation S | this canacity. I finisher among to | comply with the | |
| Signati | ure of Registered Agent | | | | |