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Office Use Only



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: August 20, 2015

Order#: 737612-009

Re: OSMOSE COMMUNICATIONS SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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SECRETARY OF STAT

## 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.

	ame of the limited liability cor	mpany: OSMOSE COM			ERVICES, LLC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b)	)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Peachtree City	GA 30269				
	12/10/2012		_	M12000	006854	
3.	Date of filing/registr	ration in Florida	4.		Document number	
5. (a)	C T CORPORATION SYSTEM					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_	
	PLANTATION	, F	L <u>33324</u>		- SEC	
(b)	Corporation Service Company				ARETU ANG	<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	1201 Hays Street				COF S	M
	NEW Registered Office Address:				I: I 7	
	Tallahassee	, F	L 32301	·-	_	
the cha agent v was/w	imited liability company is no ange or changes are made, the will be identical. Or, in the ca ere authorized by an affirmati- icles of organization or the ope	Florida street address o se of a Florida limited l ve vote of the members	f the registiability con of the limi	tered offic mpany, it ted liabili	ce and the business office is hereby confirmed that ty company or as other	ce of the registered at the change(s)
	()26			Dona Priebe, Authorized Person		
	ture a member or authorized repre		ree to act	in this ca	Printed or typed name of s	C
provisi the obi to mer	ons of all statutes relative to ligations of my position as regely reflect a change in the region writing of this change.	the proper and complete	e performa	nce of my	duties and Lam Tamili	ar with and accept
Signatu	re of Registered Agent Corporati	on Service Company	BY: Gr	ace E. K	irby, Assistant Vice P	resident

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