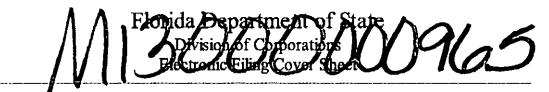
Division of Corporations



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(((H21000134318 3)))



H210001343183ABCX.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

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

documents@incorp.com

LLC REGISTERED AGENT CHANGE SAGE TELECOM COMMUNICATIONS, LLC

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APR 0 6 2021

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COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT:	Sage Telecom Communications, LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered A	ent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspond	ence concerning this matter to the following:				
De	esiree Miller				
Na	me of Person				
InCor	p Services, Inc.				
Fir	m/Company				

3773 Howard Hughes Pkwy. - Suite 5005

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

processing@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Desiree Miller

800-246-2677

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

Enclosed is a check for the following amount:

S25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

H21000134318 3 INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY H21000134318 3

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.

	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	γ:	(b)	Mailing address of fir (Note: MAY BE P		-	•
	1149 South Hill Street, Suite 400			(1000)2 100(1 00)	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		צי
	Los Angeles, CA 90015						
			· -	· · · · · · · · · · · · · · · · · · ·	. <u></u>		
	02/13/2013		M13000	000965			
	Date of filing/registration in Florida		4.	Document numb	er		
(a)	CORPORATION SERVICE COMPANY						
(4)	Registered Agent and Registered Office shown on the recor	nls of the	Florida Dept. of S	bile:			
	1201 Hays Street						
	Registered Office Address (MUST BE FLORIDA STR	EET AD	DRESS)		Ē	2021 APK	
						#P	
	Tallahassee	L'I	32301-2525			35	
		, FL			• '		
b)	InCorp Services, Inc.				•	P# -	
,	Enter name of NEW Registered Agent and/or NEW Regis	stered Q	ffice address:	 .	i	h: 24	
					•	Ŧ	
	17888 67th Court North	_					
	NEW Registered Office Address:						
			<u> </u>				
	Loxahatchee		33470				
	Loxaliatchee	_, FL_					

Signature of Registered Agenti