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| To:<br>Division of Corporations<br>Fax Number : (850)617-6383 |  |   |   |   |  |  |
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| LLC REGISTERED AGENT CHANGE                                   |  |   |   |   |  |  |
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|   | Solution Solution Solution Note: Please print this provided in the pro | Statistics of Corporations<br>Fax Number : CT CORPORATIO<br>Account Name : CT CORPORATIO<br>Account Number : FCA00000023<br>Phone : (614)280-3338<br>Fax Number : (954)208-0845 | (shown below) on the top and bottom of all pages of the<br>(((H20000436210 3)))<br>H200004362103ABCS<br>Note: DO NOT hit the REFRESH/RELOAD button on your bro<br>Doing so will generate another cover sheet.<br>To:<br>Division of Corporations<br>Fax Number : (850)617-6383<br>From:<br>Account Name : C T CORPORATION SYSTEM<br>Account Number : FCA000000023<br>Phone : (614)280-3338<br>Fax Number : (954)208-0845<br>**Enter the email address for this business entity to be<br>annual report mailings. Enter only one email address<br>Email Address:<br>LLC REGISTERED AGENT CHANC<br>PI TELECOM INFRASTRUCTURE, I<br>Certificate of Status 0<br>Certificate Of Status 0 | Statistics of Caponalions Statistics of Caponalions Electronic Brilling Gover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audichumber (shown below) on the top and bottom of all pages of the document. (((H20000436210 3))) Control (H20000436210 3)) Control (H20000436210 3) From: Account Name : C T CORPORATION SYSTEM Account Number : C CAGE0008023 Phone : (614)280-3338 Fax Number : (954)208-0845 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: Control (INFRASTRUCTURE, LLC) Certificate of Status 0 Certificate of Charge 555.00 EEC 25 100 |  |  |

Electronic Filing Menu Corporate Filing Menu

Help

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## \* STATEMENT OF CHANGE OF REGISTERED OF PICE 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.

| I. N  | ame of the limited liability company:  | ELECOM INFRAS   | STRU   | ICTURE,  | LLC  |         |
|---|--|---|--|--|--|---------|
|   |  |   |  |  |  |         |
| 2. (N)  | Principal office address of limited liability<br>(Note: MUST BE STREET ADDR.)  | company;  | ()   |  | Mailing address of limited liability company:<br>(Noir: MAY BE POST OFFICE BOX)  |         |
|   | 200 Park Avenue  |   |  | 200 Park   | Avenue   |         |
|   | 9th Floor, New York, NY 10166  |   |  |  | , New York, NY 10106   |         |
|   | 10/09/2013   |   |  | M130000  | 26401  |         |
| 3.  | Date of filing/registration in Flor  | rida -1.  | -  |  | Document number  |         |
| 5. (a)  | ال من از این مراجع از مراجع از مراجع از این کاری کاری می از این این از مراجع از این مراجع می مراجع از این از ای  |   |  |  |  |         |
|   | Registered Agent and Registered Office shown on<br>CORPORA FION SERIVICE COMPANY   | the records of the Flo  | rida   | Dept. of Str   | ie.  |         |
|   | Registered Office Address (MUST BE FLORI   | DA STREET ADDR  | ESS  |  |  |         |
|   | 1200 S PINE ISLAND RD  |   |  |  |  |         |
|   | Plantation   | , FL. <sup>3332.</sup>  |  |  | - Ť<br>- Ť   | 0 12:02 |
|   | C T Corporation System   |   |  |  |  | DEC     |
| (b)   | Enter name of <u>NEW Begistered Agent</u> and/or <u>NE</u>   | W Resistered Office   | eadd   | 1122   |  | 22      |
|   |  |   |  |  |  |         |
|   | NEW Registered (Affice Address:  |   |  |  |  | 2       |
|   | 1200 South Pine Island Road  |   |  |  | * 4  | ř       |
|   | Plantation   |   |  |  |  |         |
|   | Plantation   |   |  |  |  |         |
| the chi<br>agent i<br>was/w<br>the art<br>Signi<br>I hure<br>provis<br>the ob | will be identical. Or, in the case of a Flori<br>ere authorized by an affirmative vote of th<br>icles of organization or the operating agree<br>must of a member or authorized representative of a r | et address of the r<br>da limited liability<br>e members of the<br>ement of the limit<br>member<br>gept and agree to<br>nd complete perfi-<br>at as provided for<br>a address therefore | egis<br>y.co<br>limi<br>ed li<br>act<br>irmi<br>ln C | itered offi<br>mpany, it<br>ited liabil<br>ability co<br>UGM<br>in this ca<br>incre of m<br>hapter of<br>offer the | ce and the business office of the registered<br>is hereby confirmed that the change(s)<br>ity company or as otherwise provided in<br>impany.<br><u>nis Macheras</u><br>Printed or typed name of signer<br>pacity. I further agree to comply with the<br>valuties, and I am familiar with and accept<br>05, F.S. Or, if this document is being filed<br>it the limited liability company has been |         |
|   | ure of Registered Agent  |   | ,  |  |  |         |
| <b>-</b>  |  |   |  | a Tallak   |  |         |
|   | Division of Corporat   | FILING FEE: 2   |  |  | D33534 I 1/24017   |         |

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