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Certified Copies	_ Certificate:	s of Status						
Special Instructions to	Filing Officer:							
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Office Use Only



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TORETARY OF STATE

MAY 0 3 2016

**3 MASON** 



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: April 28, 2016

Order#: 114818-025

Re: BLINK NETWORK, LLC

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

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.

QUCA.XCOA

## 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.

1. Na	me of the limited liability company:	LINK NETWO	RK LLC					
2. (a)	1691 Michigan Avenue, Suite 601  Principal office address of limited liabil  (Note: MUST BE STREET ADD		(b)		-			ity company:
	Miami Beach FL	33139						
	02/11/2014		<b>.</b> –	M1400000				
3.	Date of filing/registration in F	lorida	4.		Documer	it numbe	r	
5. (a)	VCorp Services, LLC							
, ,	Registered Agent and Registered Office shown	on the records of	the Florida I	Dept. of State:				
	5011 South State Street, Road 7							
	Registered Office Address (MUST BE FLO	RIDA STREET	ADDRESS)					
	Suite 106							
	Davie	, FL	, 33314					
(b)	Corporation Service Company							
(0)	Enter name of NEW Registered Agent and/or	NEW Registered	Office add	<u>ress</u> :		1 41	25.00	
							ille Sign	
	1201 Hays Street					35 X	1	STATE OF THE PARTY
	NEW Registered Office Address:					EFO.	~	
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	Tallahassee	EI	32301		*	A A	42	
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the cha agent v was/wa	imited liability company is not organize inge or changes are made, the Florida st vill be identical. Or, in the case of a Florida st ere authorized by an affirmative vote of cless of organization or the operating ag	reet address of orida limited lia the members o	the regist ability cor of the limit limited lis	ered office npany, it is ted liability ability com	and the behicle to the company pany.	ousiness onfirmed y or as of	office of that th	of the registered te change(s)
Siona	ture of amember or authorized representative of	a member	Jill C	ilmi, Author	ized Pers Printed or		e of sign	PP .
I here provisi the obl to mer notified	by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered agely reflect a change in the registered off in writing of this change.  have the by re of Registered Agent Corporation Services	agent and agr and complete ent as provide ice address, I			city. I fu luties, and F.S. Or, he limited	rther agg d I am fa , if this d I liability	ree to c miliar locumer y compo	omply with the with and accept at is being filed any has been
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