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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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Certified Copies	Certificate	s of Status			
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 342890 8361543
AUTHORIZATION : Spulle man
COST LIMIT : \$25.00
ORDER DATE : December 21, 2021
ORDER TIME : 2:04 PM
ORDER NO. : 342890-005
CUSTOMER NO: 8361543
CHANGE OF AGENT
NAME: NET CONNECTION, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker

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.

. Name	of the limited liability company: NET CONNECT	TION, L	LC ———	
. (a)	355 GADSDEN HWY		7355 G/	ADSDEN HWY
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
<u> </u>	RUSSVILLE, AL 35173		TRUSS	VILLE, AL 35173
06	6/11/2014		M140000	04130
	Date of filing/registration in Florida	4.		Document number
. (a)				
Re	rgistered Agent and Registered Office shown on the records of	the Flori	da Dept. of Sta	ate:
Re	egistered Office Address (MUST BE FLORIDA STREET	ADDRE:	<u>55)</u>	_
1	7888 67TH COURT N			7021
L	OXAHATCHEE FL	33470		7021 EEC 24
				- 28 2 C
(b)				- YSS
En	ter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	MIII:
C	Corporation Service Company			MII: U
N	EW Registered Office Address:			
1	201 Hays Street			_
T	allahassee, FL	32301		
hange or gent will vas/were	ted liability company is not organized under the lay changes are made, the Florida street address of the be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of organization or the operating agreement of the	registe ability c of the li	red office ar ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	Jul & agner	Jill	Jill Cilmi, Authorized Person	
hereby of the control	of ammonder or authorized representative of a member accept the appointment as registered agent and agree of all statutes relative to the proper and complete tions of my position as registered agent as provided reflect a change in the registered office address, I have ting of this change.	ee to ac perforn I for in tereby c	et in this cap vance of my Chapter 60 vonfirm that	Printed or typed name of signee pacity. I further agree to comply with the eduties, and I am familiar with and accep 15, F.S. Or, if this document is being filed the limited liability company has been
), ou 1/	Inace C-Kubi		Grace	E. Kirby, Asst Vice President
Signature o	f Registered Agent		2100	