M14 00000 4546

| (Re | questor's Name) | |
|---------------------------|----------------------|------------------|
| ` | , | |
| (Add | dress) | |
| | | |
| (Add | dress) | |
| (Cit | y/State/Zip/Phone | . #\ |
| (011) | yrotaterElpri florie | , π) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bus | siness Entity Nam | ne) |
| (Do | cument Number) | |
| (100 | cament Namber) | |
| Certified Copies | Certificates | of Status |
| | | |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400359846204

02/15/21--01025--015 **25.00

1 FEB 15 PH 2: 2

O SIMMONS APR 05 2021



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: February 12, 2021

Order#: 657552-010

Re: VOICE PARTNERS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Lindsey Baronie

c/o Corporation Service Company

251 Little Falls Drive 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.

| i. | Na | ame of the limited liability company: VOICE PARTN | ERS LLC | , | | | |
|------------------------|---|--|--|--|---|--|----------------------------------|
| 2 | (a) | 37 N. Orange Avenue | (b) 37 N. Orange Avenue | | | | |
| ۵. | (11) | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | | / | Mailing address of limited lia (Note: MAY BE POST O | | - |
| | | Suite 500 | | Suite 50 | 0 | | |
| | | Orlando 32801 UM | _ | Orlando | 32801 UM | | _ |
| | | June 26, 2014 | | M1400000 | 04546 | | |
| 3. | | Date of filing/registration in Florida | 4. | • | Document number | | |
| 5. | (a) | | | | | | |
| | () | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of Sta | ite: | | |
| | | Vcorp Services, LLC | | | | 20 | |
| | | Registered Office Address (MUST BE FLORIDA STREET) | Address (MUST BE FLORIDA STREET ADDRESS) | | | 2021 F | |
| | | 5011 South State Road 7, Suite 106 | | | | 833 | |
| | | Davie | 33314 | | _ | 15 | |
| | | | ´ | | | PK | - " |
| | (b) | | | | _ | Ÿ | • |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office add | <u>lress</u> : | | 27 | |
| | | Corporation Service Company | | | | | |
| | | NEW Registered Office Address: | | | _ | | |
| | | 1201 Hays Street | | | _ | | |
| | | Tallahassee , Fl. | 32301 | | _ | | |
| ch: aga wa | ange ent v is/wo | imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | registere ability co of the limi | d office ar mpany, it i ited liabili | nd the business office of the street of the | the register the change | ed (s) |
| | | /s/ Chris Carter | Chri | s Carter, N | Manager | | |
| | iignat | are of a member or authorized representative of a member | | | Printed or typed name of sig | gnee | |
| pre the to no | ovisio v obli mere tifi o | by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I find writing of this change. The Manager of Refistered Agent | ee to act performa d for in C hereby co | in this cap nce of my hapter 60, nfirm that | pacity. I further agree to duties, and I am familian 5, F.S. Or, if this docum the limited liability comp | comply with with and a ent is being pany has bo | th the accept filed een |
| | | ey M. Baronie, Asst. Vice President of Corporation Division of Corporations P.O. 1 | | | | | |

FILING FEE: \$25.00