To: +18506176383

Page: 3 of 4

2022-05-12 06:34:33 CST

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From: Lexus Wingo

5/12/22, 8:33 AM

Division of Corporations



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(((H220001701173)))



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To:	Division of Corporations						
	Fax Number : (850)617-6383	33					
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Fro	m: Account Name : C T CORPORATI	TION SYSTEM					
	Account Number : FCA000000023	3					
	Phone : (954)208-0845	15					
	Fax Number : (614)573-3996	מע					
**Enter the email address for this business entity to be used for fut							
**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.*							
Email Address:							
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	LLC REGISTERED AGENT CHANGE						
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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)	Principal office address of limited liability company:	(ŀ)
	Principal office address of finited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mading address of limited hability company (Nate: MAY BE POST OFFICE BOX)
	6821 SOUTHPOINT DR N STE 220		6821 SOUTHPOINT DR N STE 220
	JACKSONVILLE, FL 32216		JACKSONVILLE. FL 32216
	09/24/2014		M14000006911
	Date of filing/registration in Florida	4.	Document number
(a)	HAINES, TAIGE		
	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of State"
	Registered Office Address (MUST BE FLORIDA STREE	<u>s)</u>	
	6821 SOUTHPOINT DR N STE 220		
	6821 SOUTHPOINT DR N STE 220 Jacksonville	3221	6
ر لە	JACKSONVILLE , F	1	
(b)	JACKSONVILLE, E	1	
(b)	JACKSONVILLE, E C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> <u>NEW</u> Registered Office Address	1	
(b)	JACKSONVILLE, F C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	1	

Signature of a member or authorized representative of a member

William J. Munn

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited hability company has been notified in writing of this change.

Bv:	C T Corporation System	Ŀ	Enie Bell	Denise Bell, Assistant Se	ecretary

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25,00