

JAN/25/2019/FRI 01:48 PM

FAX No.

P.001

Division of Corporations

Page 1 of 2

**Florida Department of State**  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000030824 3)))



H190000308243ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

2019 JAN 25 AM 9:41

CL

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE**  
**G12 COMMUNICATIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

**T. CLINE**

JAN 28 2019

**EXAMINER**

2019 JAN 25 PM 3:57

Electronic Filing Menu

Corporate Filing Menu

Help

JAN/25/2013/FRI 01:48 PM

FAX No.

F. 002

H19000030824 3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** G12 Communications, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Acosta

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Parkway Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Acosta

Name of Person

at (

702)

866-2500 ext. 6925

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

H19000030824 3

2013 JAN 25 AM 9:41

H19000030824 3

# 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. Name of the limited liability company: G12 Communications, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

150 Lake Street South #240

Kirkland, WA 98033

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

11/26/2014

M14000008514

3. Date of filing/registration in Florida

4. Document number

5. (a) C T CORPORATION SYSTEM

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

(b) InCorp Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

17888 67th Court North

NEW Registered Office Address:

Loxahatchee, FL 33470

Loxahatchee, FL 33470

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Matt Dean, Attorney in Fact

Printed or typed name of signer

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 liability company has been notified in writing of this change.

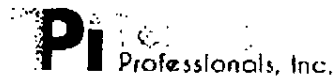
Signature of Registered Agent

Nicole Acosta on behalf of InCorp Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

2013 JAN 25 AM 9:41  
RECEIVED  
FILING OFFICE  
TALLAHASSEE, FL

H19000030824 3



Telecom Professionals, Inc.  
P.O. Box 720128  
Oklahoma City, OK 73172-0128

Physical Address:  
12316 Hidden Forest Boulevard  
Oklahoma City, OK 73142

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN that G12 COMMUNICATIONS, LLC, a Washington limited liability company has made, constituted and appointed, and by these present does make, constitute and appoint Telecom Professionals, Inc., and Telecom Professionals, Inc.'s employees as attorney-in-fact for the limited liability company to act for the limited liability company and in the limited liability company's name for the limited purposes authorized herein.

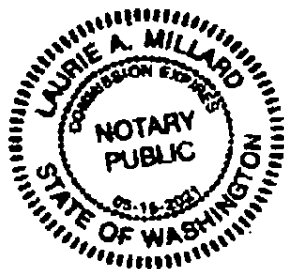
The limited liability company, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the limited liability company's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state, as directed and authorized by the limited liability company.

IN WITNESS WHEREOF, G12 COMMUNICATIONS, LLC by and through its undersigned officer has caused this power of attorney to be executed this 27 day of December, 2018.

BY: [Signature]

TITLE: Chief Executive Officer  
(Officer)

On 27<sup>th</sup> day of December, 2018, before me, the undersigned, a Notary Public in and for said State, personally appeared Rick Coma, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.



NOTARY PUBLIC:

SIGN: Laurie A. Millard

PRINT: Laurie A. Millard

State of: WA

2019 JAN 25 AM 9:41  
NOTARY PUBLIC  
STATE OF WASHINGTON

H19000030824 3