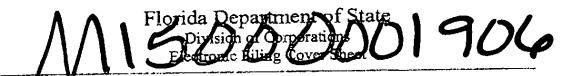
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone

: (888)705-7274

Fax Number

: (888)705-7274

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 MEGAPATH CLOUD COMPANY, LLC

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TO: Registration Section Division of Corporations

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SU BJE CT:	MEGAPATH CLO		
	Name	e of Limited Lie	ability Company
Dear Sir or N	Madam:		
The enclosed	d Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.
Please return	n all correspondence concerning this	s matter to the f	ollowing:
Mary (Castillo		
	Name of Person		- -
Registere	d Agent Solutions, Inc.		
	Firm/Company		· -
1701 Dire	ectors Blvd, Suite 300		
	Address		
Austin, T	X 78 7 44		
	City/State and Zip Code		-
notices@	rasi.com		
E-mai	l address: (to be used for future ann	ual report notifi	cation)
For further	information concerning this matter,	please call:	
Mary	Castillo	888 at (705-7274
	Name of Person		Area Code & Daytime Telephone Number
STI	REET/COURIER ADDRESS:	M	MILING ADDRESS:
_	stration Section		gistration Section
	rision of Corporations		vision of Corporations
	Ron Building). Box 6327
	1 Executive Center Circle labassee, Florida 32301	Tal	llahassee, Florida 32314
Enc	closed is a check for the following	amount:	
Ø \$	325 Filing Fee	□ \$5	5 Filing Fee & Certified Copy
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	AT LE D	T OR BOTH FOR
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED LIMITED LIABILITY COMPANY	AGLI	

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

Florid	ame of the limited liability company: MEGAPATH	CL	OUD CO	OMPANY	, LLC		
2. (a)	Principal office address of limited liability company: (Note: MIST RESTREET ADDRESS) 6800 KOLL CENTER PARKWAY SUITE 200		(b)				
	PLEASANTON, CA 94566		PLEAS	ANTON,	CA	94566	
	03/12/2015		M15000	0001906			
3.	Date of filing/registration in Florida	4.		Document nu	enber		
5 (a	.						
J. (4	Registered Agent and Registered Office shown on the records of the	Flotid	a Dept, of State	E			
	CORPORATION SERVICE COMPA	YN,			-0 B		
	Registered Office Address OMUST RE FLORIDA STREET AD	DRES	D.	•	码。	<u> </u>	
	1201 HAYS STREET					IN LED WY	
	TALLAHASSEE, FL 32301-2525				5/3	J, L	
					19		
					4:15	مور ن	
(0	Enter name of NEW Registered Agent and/or NEW Registered O	fice no	ldress:	_		7. 8	
					5	U	
	Registered Agent Solutions, Inc.			_			
	NEW Registered Office Address:						
	155 Office Plaza Dr., Suite A						
	Tallahassee ,FL 3	2301					
the clagent was/t	limited liability company is not organized under the laws range or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited street.	of the e reg ility c the lir mited	e State of Floistered office ompany, it is nited liability liability con	e and the busi s bexeby conf y company or apany.	ness office of irmed that the as otherwise	of the registered ne change(s)	
	James P. Prenetta, Jr.	Ja	mes P. Pi	renetta, Jr.		anager	
_	nature of a member or authorized representative of a member			Printed or type	~		
I her provi the oil to me notifi	eby accept the appointment as registered agent and agree sions of all statutes relative to the proper and complete pe pligations of my position as registered agent as provided f rely reflect a change in the registered office address, I her ed in writing of this change.	to ac erforn for in rehy c	it in this cap nance of my Chapter 60! confirm that	acity. I furth duties, and I i 5, F.S. Or, if i the limited lit	er agree to c am familiar this document ability comp	comply with the with and accept of its being filed any hos been	
	Justine Kamell ture of pegistered Agent: Assistant Secretary						
	_	·					
	Division of Corporations • P.O. Boselling FER			isee, FL 3231	4		

INHS18 (2/14)