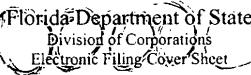
Division of Corporations







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.

(((H19000107077 3)))



H190001070773ABC%

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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 : (888)706-7274 Fax Number

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 WINDSTREAM COMMUNICATIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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15129570210

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pg 2 of 4

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Windstream 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:

Mary Castillo			
Name of Person		\$	
Registered Agent Solutions, Inc.		_	201
Firm/Company		_	2019 APR -1
1701 Directors Blvd, Suite 300			調一院
Address			· · · · · · · · · · · · · · · · · · ·
Austin, TX 78744			州川: 02
City/State and Zip Code			海田や
notices@rasi.com			
E-mail address: (to be used for future and	wal report notif	ication)	
For further information concerning this matter,	, please call:		
Mary Castillo	888 at (705-7274	
Name of Person		Area Code & Daytime Telephone No	umber
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following	amount:		
☑ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy	
INHS18 (2/14)			

15129570210

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: Windst	ream	Communications,	LLC
2. (a)			
Principal office address of limited liability company: (Note: MUSTRE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	(Note: MAY BE POST O	
4001 RODNEY PARHAM ROAD		4001 RODNEY PARHAM RO	DAD
LITTLE ROCK, AR 7221	2	LITTLE ROCK, AR	72212
05/14/2015		M15000003794	
3. Date of filing/registration in Florida	4.	Document number	
5. (a)			
5. (a) Registered Agent and Registered Office shown on the record:	of the Flori		
C T CORPORATION SYS	TEM	Teg '	APPRO FIL 2019 APR -1
Registered Office Address (MUST BE FLORIDA STRE		<u> </u>	9 A.
1200 SOUTH PINE ISLAND ROAD			7 F PP
PLANTATION, FL 33324			上言語
		200 C.	
		. TO 型(c)	=======================================
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>		 37	/EU D AM 11: 02
Enter name of NEW Redittered Agent and/or NEW Register	rea Omce 2	ogress:	2
Registered Agent Solutions, Inc.			
NEW Registered Office Address:			
155 Office Plaza Dr., Suite A		estant — — — — — — — — — — — — — — — — — — —	
Tallahassee	gi 3230	1	
If the limited liability company is not organized under the the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limite was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of	of the reg d liability rs of the li	gistered office and the business offic company, it is hereby confirmed tha mited liability company or as othery	e of the registered t the change(s)
/S/ Kristi Moody			Manager
Signature of a member or authorized representative of a member		Printed or typed name of s	ignee
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compute obligations of my position as registered agent as provious merely reflect a change in the registered office address notified in writing of this change.	agree to a ete perfori ided for ir , I hereby	ct in this capacity. I further agree t mance of my duties, and I am famili thapter 605, F.S. Or, if this docur confirm that the limited liability con	o comply with the ar with and accept nent is being filed npany has been
Signature of Begistered Agent Assistant Secretary			
1 / 133istant Scorotary			

FILING FEE: \$25.00