| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



700403170117

2023 MAR - 7 PM 3: 35

RECEIVED

A Parts MAR = 8 2023 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | | | |
|---|--|--|--|--|--|--|
| REFERENCE : 547598 8388089 | | | | | | |
| AUTHORIZATION: Some selence | | | | | | |
| COST LIMIT : \$ 25.00 | | | | | | |
| ORDER DATE : March 3, 2023 | | | | | | |
| ORDER TIME : 12:57 PM | | | | | | |
| ORDER NO. : 547598-093 | | | | | | |
| ORDER NO. : 54/598-093 | | | | | | |
| CUSTOMER NO: 8388089 | | | | | | |
| | | | | | | |
| <u>CHANGE OF AGENT</u> | | | | | | |
| | | | | | | |
| NAME: SLAYTON WIRELESS, LLC | | | | | | |
| | | | | | | |
| | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | |
| | | | | | | |
| | | | | | | |
| CONTACT PERSON: Alexxis Weiland-sorenson | | | | | | |
| EXAMINER'S INITIALS: | | | | | | |

:

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: SLAYTON W | /IRELESS, L | LC | |
|-----------------------------------|--|--|---|--|
| 2. (a |) | (b |) | |
| (| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limite (Note: MAY BE POS | d liability company: |
| | 1869 E. Aurora Road Suite 300 | | 1869 E. Aurora Road Suite 30 | 0 |
| | Twinsburg, OH 44087 | - | Twinsburg, OH 44087 | |
| | 06/25/2015 | | M15000005432 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a | .) | | | |
| ے. (د | Registered Agent and Registered Office shown on the records | s of the Florida | Dept. of State: | |
| | Erdmann, Ken, Mr | | | 202 |
| | Registered Office Address (MUST BE FLORIDA STREET | ET ADDRESS, | <u></u> | ## ! 2023 MAR |
| | 1869 E. Aurora Road Suite 300 | | | |
| | Twinsburg | 44087 | —————————————————————————————————————— | 7 |
| | | | | MI 9: 00 |
| (b | | | | 0 |
| | Enter name of NEW Registered Agent and/or NEW Registe | red Office ado | Iress: | , 0 |
| | Corporation Service Company | | | |
| NEW Registered Office Address: | | | | |
| | 1201 Hays Street | | | |
| | Tallahassee | FL 32301 | | |
| chang agent was/v the ar | limited liability company is not organized under the ge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street of | the registered Hiability corrs of the limi | d office and the business office npany, it is hereby confirmed the ted liability company or as othe | of the registered nat the change(s) |
| | ULL CILMI | JILL | CILMI, AUTHORIZED PERSOI | N |
| Sign | nature of a member or authorized representative of a member | | Printed or typed name of | f signee |
| provi. the oi to me | eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change. | ole nertorma | nce of my duties, and Lam fami | liar with and accept |
| | I mare Cokubi | GRACE E | E. KIRBY, ASST. VICE PRESI | DENT |
| Signa | ture of Registered Agent | | | |