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(((H22000238974 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

₾ 造 Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 : (214)317-4754 Fax Number

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## LLC REGISTERED AGENT CHANGE **ACS INTERNET, LLC**

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000238974 3)))

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.

7 (3)		net, LLC	
2. (a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	600 Telephone Ave MS65		
	Anchorage, AK, US, 99503		
	05/24/2016	М16	000004243
3.	Date of filing/registration in Florida	4,	Document number
5. (a'	)		
	Registered Agent and Registered Office shown on the rec	cords of the Florida Dep	t of State.
	NORTHWEST REGISTERED AGENT LLC		
	Registered Office Address (MUST BE FLORIDA ST	TREET ADDRESS)	6% ~
	7901 4TH STREET N, SUITE 300		0022 Ali
	ST.PETERSBURG	, FL33702	FILEU 2022 JULIU AMIII: 1 SALI AMISSEE FLORI
			FILEU
(b)			
	Enter name of NEW Registered Agent and/or NEW Registered Agent	gistered Office address	
	LEGALING CORPORATE SERVICES INC.		17 Rio A
	NEW Registered Office Address		
	5237 SUMMERLIN COMMONS BLVD. SUITE	400	·
	FORT MYERS	, FL <sup>33907</sup>	
chang agent was/w the art	limited liability company is not organized under e or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the menticles of organization or the operating agreement Mary Mabey	s of the registered of nited liability compa nbers of the limited of the limited liabil	Tice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
			Printed or typed name of signee
I here provis the ob	eby accept the appointment as registered agent a sions of all statutes relative to the proper and cor oligations of my position as registered agent as p rely reflect a change in the registered office addr	and agree to act in the implete performance provided for in Chap ress, I hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept wer 605, F.S. Or, if this document is being filed m that the limited liability company has been
notifie	ed in writing of this change.		