M1600000 6108

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

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 31, 2019

Order#: 759050-009

Re: CMN.COM, LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

XX ___ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

7 (2)	801 Congress Street Suite 400	/h)	(b) 801 Congress Street Suite 400 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(n) <u>.</u>			
	Houston, TX 77002		Houston, TX 77002		
	08/01/2016		M16000006108		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida D	ept, of State;		
	155 OFFICE PLAZA DRIVE, SUITE A				
	Registered Office Address (MUST BE FLORIDA STREE	<u>TADDRESS)</u>		1	
			مير مدر ا مدر	19 19	
	TALLAHASSEE	FL 32301	25 70 26 90	F RD F	
763	Corporation Sequine Company		,		
(b)	Program CNDWD 1 and 1 and 21 NDWD 1 and 1000				
		yo.			
	1201 Hays Street		Ë		
	NEW Registered Office Address:			•	
			·		
	Tallahassee	FL_32301			
the cha agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the fill Cilmi	of the register liability comp s of the limite he limited liab	red office and the business off pany, it is hereby confirmed th d liability company or as other	ice of the registere that the change(s)	
Signature of a member or authorized representative of a member			Printed or typed name of signee		
I here provis the obt	hy accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid elv reflect a change in the registered office address, d in writing of this change.	igree to act in te performand ded for in Cha I hereby conf	this capacity. I further agrees	to comply with th	
	Drave C-Kirbi.				
Signatu	ire of Registered Agent Corporation Service Company	/ BY: Grac	ce E. Kirby, Asst. Vice Presi	ident	