# M16000006457

(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phon	e #)		
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(Bu	siness Entity Nar	me)		
(Do	ocument Number)	<u> </u>		
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17 FEB -3 AH 8: 05

TENGON CONTRACTOR

17 FEB -3 PM 2.

O SIMMONS FEB 0 6 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 1200000001	ACCOUNT	NO.	:	12000000019	95
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REFERENCE: 496977 4364702

AUTHORIZATION : Foul & Blace

COST LIMIT : \$\frac{2}{2}5.00

ORDER DATE: February 3, 2017

ORDER TIME : 12:06 PM

ORDER NO. : 496977-010

CUSTOMER NO: 4364702

### CHANGE OF AGENT

NAME: STROME FIBER HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

#### **COVER LETTER**

_	stration Section sion of Corporations		
SUBJECT:	STROME FIBER HOLDINGS, LLC		
502011011	Name o	f Limited	Liability Company
Dear Sir or M	fadam:		
The enclosed	Registered Agent/Registered Office	Change a	nd fee(s) are submitted for filing.
Please return	all correspondence concerning this m	atter to th	e following:
	MARK STROME		
	Name of Person		
	STROME FIBER HOLDINGS, LLC		
	Firm/Company		
	222 BROADWAY 19TH FLOOR		<del></del>
	Address		
	NEW YORK, NY 10038		
	City/State and Zip Code		
	TKANNEGIESER@STROME-NETWO	RKS.COM	
E-mail	address: (to be used for future annual	report no	ification)
For further in	formation concerning this matter, ple	ase call:	
TE	RENCE KANNENGIESER	at (	646 ) 649-9302
	Name of Person	-	Area Code & Daytime Telephone Number
Regi: Divis Clifto 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	 	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314
Encl	osed is a check for the following an	ount:	
<b>□</b> \$2	25 Filing Fee	۵	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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. Na	ame of the limited liability company:STROME FIE	BER HOLDI	NGS, LLC
2. (a)	222 BROADWAY 19TH FLOOR  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  NEW YORK, NY 10038	(b) _	222 BROADWAY 19TH FLOOR  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  NEW YORK, NY 10038
3. 5. (a)	AUGUST 12, 2016  Date of filing/registration in Florida  CT CORPORATION SYSTEM	- <sub>4.</sub> -	M16000006457 Document number
5. (a)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Florida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)  PLANTATION	33324	17 FE
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered  1201 Hays Street		17 FEB -3 AM 8: 05
	NEW Registered Office Address:		
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of cles of organization of the operating agreement of the	f the registe ability com of the limite	ered office and the business office of the registered office and the business office of the registered opens, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company.  MARK STROME
I herel provisi the obli to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if in writing of this change.  The of Registered Agent Gorporation Service Company	ree to act in performan d for in Chi hereby conj BY:	Printed or typed name of signee In this capacity. I further agree to comply with the Ince of my duties, and I am familiar with and accep- Inapter 605, F.S. Or, if this document is being filed Infirm that the limited liability company has been Courtney Williams  Asst. Vice President