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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 456952 / 8360133

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 3, 2022

ORDER TIME : 9:55 AM

ORDER NO. : 456952-363

CUSTOMER NO: 8360133

CHANGE OF AGENT

NAME: CCI UTILITY SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Eyliena Baker

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. Na	ame of the limited liability company:	ERVICES, LLC	
2. (a)	111 W. 16th Avenue, Suite 201	(b)	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Anchorage, AK 99501		
	01/03/2017	M170000	000038
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		_
	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	f the Florida Dept. of St	SECRETARY TALLAHA
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	AHA
	Plantation, Fi	L33324	ASSEE, F
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office address:	AIE P
	NEW Registered Office Address:		_
	1201 Hays Street		<u>.</u>
	Tallahassee , Fi	32301	
change agent w was/we	mited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members colless of organization or the operating agreement of the	ws of the State of F e registered office a ability company, it of the limited liabil limited liability co	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
	1 Cilmi	Jill Cilmi, Aut	horized Person
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
provisio the obli to mere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I have ting of this change.	ree to act in this cap performance of my d for in Chapter 60 hereby confirm that orporation Scrvice	oduties, and I am familiar with and accept 15, F.S. Or, if this document is being filed t the limited liability company has been
•	(O)	•	est. Vice President