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2016 DEC 17 PM 2: 31

PRICE THE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CINTEL LLC		
	ne of Limited Liability Company	_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
KAY JOYNER		
Name of Person		
CINTEL LLC		
Firm/Company		
150 HUDDLESTON RD, SUITE 400		
Address	2:	20.0
PEACHTREE CITY GA 30269	:	2018 DEC 17
City/State and Zip Code	 -	
accounts@cintelusa.com		PH 2: 3
E-mail address: (to be used for future ann	nual report notification)	ω
For further information concerning this matter,	, please call:	
Kay Joyner	770-545-6210 at ()	
Name of Person	Area Code & Daytime Telephone Numb	er er
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	g amount:	
☑ \$25 Filing Fee	S55 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.	Cintel :LLC	
2. (a)	3030 N Rocky Point Drive, Ste 150A	(b) same	
- / (- /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Tampa FL 33607		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	03/06/2017	M170000	001897
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Florida Registered Agent LLC		
J. (a)	Registered Agent and Registered Office shown on the records of FLORIDA REGISTERED AGENT LLC	f the Florida Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET 3030 N ROCKY POINT DRIVE STE 150A	"ADDRESS)	_
	TAMPA	33607	2016 DEC
(b)	Enter name of NEW Registered Agent and/or NEW Registered Ariel Rodgers	ed Office address:	2016 DEC 17 PH 2:
	NEW Registered Office Address:		i iii
	1800 SW 8TH STREET, UNIT W611		- · · · · · · · · · · · · · · · · · · ·
	MIAMI	L_33135	_
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address owill 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	of the registered offic liability company, it of the limited liabili	re and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signa	stire of a member of authorized representative of a member		Printed or typed name of signee
I here provisi the obl to mer notifie	by accept the appoinment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provided reflect a change in the registered office address, it in priting of this change.	e performance of my led for in Chapter 60	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed
Dignatu	ne m negation month		