## M17000002652

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phone	<b>⇒</b> #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
		:	
		:	





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WAR 1 9 70.75 J. HARRIS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 14, 2018

Order#: 116684-010

Re: UNICOM USA, 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: Ami Casper 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.

1. N	ame of the limited liability company: UNICOM USA	A, LLC	
2. (a)	3601 SW 160th Avenue, Suite 110	(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miramar, FL 33027		
	03/28/2017	М	17000002652
3.	Date of filing/registration in Florida	4.	Document number
5. (a	PBYA Corporate Services, LLC		
	Registered Agent and Registered Office shown on the records of	of the Florida Dep	t. of State:
	200 South Andrews Avenue, Suite 600		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	<del></del>
			<b></b>
	Fort Lauderdale , F	L 33301	SECRE IA
(b)		<u></u>	SSE S
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address	
	1201 Hays Street		S. S. C.
	NEW Registered Office Address:		
	Tallahassee , F	L 32301	<del></del>
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited there authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	of the registere liability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/s	/ Alix Charlier	Alix Cha	arlier, Manager
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei	eby accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, and in writing of this change.	gree to act in t le performance led for in Chap I hereby confir	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed om that the limited liability company has been
Signat	ure of Registered Agent Corporation Service Company	BY: Ami l	M. Casper, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00