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SECRETARY OF STATE

D. BRUCE AUG 23 1020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EMAGINE COMMUNICATIONS LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
WILLIAM 5 GADLESS JR Name of Person
EMAGINE COMMUNICATIONS LCC Firm/Company
Address Address
BUCH RATOM FL 3343/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WILLIAM GALES at (508) P28-0123 P28-0123 Name of Person Area Code & Daytime Telephone Number 200
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Enclosed is a check for the following amount:

Tallahassee, FL 32314

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.

i. Na	ime of the limited liability company: <u>EMACINE COMMUNICATIONS</u> LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) /OPD ANOL ST Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	FALL RIVER MA 02720 FALL RIVER MA 02720
3.	Date of filing/registration in Florida An interpretation in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 101 PLAZA REAL #936 130CA RATOM FL 33432
(b)	Enter name of NEW Registered Agent and/o NEW Registered Office address: NEW Registered Office Address:
	2121 N. OCEAN BLW #607W
	BOCH RATON FL 33431 = ===============================
change agent was/w	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the cor changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
Signa	rung of a member or authorized representative of a member Tenne Calless Printed or typed name of signee
I here provisi the obi to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been I in writing of this change.
Signati	ITCH RESTINATION ASSOCIA
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00