MI 800003000

(Requestor's Name)					
(Address)					
(Ad	dress)				
(~0	(ileas)				
(Cit	:y/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Name)				
(Do	ocument Number)				
Certified Copies	_ Certificates of	Status			
Special Instructions to Filing Officer:					

Office Use Only



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2019 JUL 22 PH 12: 25

10 JUL 22 MHTH: 02

JUL 23 2019 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Roxanne Turner

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I2000	0000195				
	REFERENCE	: 850941	7539619				
	AUTHORIZATION	: Linell	denan				
	COST LIMIT	: \$ 25.0					
		- 					
ORDER DATE :	July 18, 2019						
ORDER TIME :	9:09 AM						
ORDER NO. :	850941-030						
CUSTOMER NO:	7539619						
				-			
CHANGE OF AGENT							
NAME:	LOCUS TELECOM	MUNICATIO	NS, LLC				
PLEASE RETURN	THE FOLLOWING AS	PROOF OF	FILING:				
CERTI	FIED COPY						
XX PLAIN	STAMPED COPY						

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. N	ame of the limited liability company: Locus Telecor	nmunication	s, LLC			
2. (a)	2200 Fletcher Avenue, Suite 600	(b)	PO Box 2207			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) PO Box 2207 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Fort Lee, NJ 07024	 -	Covington, GA 30015			
	3/26/2018		M18000003000			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	C T CORPORATION SYSTEM					
J. (L)	Registered Agent and Registered Office shown on the records o	f the Florida De	ent, of State:			
			F. 0. 5.5.0.			
	1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	 .			
	IMOST DE LORIDA STREET	<u>APPICESS)</u>		63		
	PLANTATION FI	L 33324		<u> </u>		
		L		JUL 22		
(b)	Corporation Service Company			\$2 \\ \tag{2}		
ζ-,	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	<u></u>	<u> </u>		
		_	_	200 PM		
	1201 Hays Street			3f 25		
	NEW Registered Office Address:		·	01		
						
	Tallahassee, FI	32301	·			
ne char igent w vas/we he artic	mited liability company is not organized under the lange or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registen ability comp of the limited	ed office and the business off any, it is hereby confirmed the lliability company or as other lity company.	ice of the registered		
Signan	ure of a member of authorized representative of a member	 -	Printed or typed name of	signee		
he obli o mere	ry accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	performance d for in Chaj hereby confi	e of my duties, and I am famil oter 605, F.S. Or, if this docu rm that the limited liability co	to comply with the lar with and accept iment is being filed impany has been		
10	Mull there		oxanne Turner			
signaturi	e of Registered Agent Corporation Service Company	BY: Ass	t. Vice President			

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