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(1)	Requestor's Name)
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TITE



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CONTACT PERSON: Eyliena Baker

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 884987 8341896 AUTHORIZATION COST LIMIT : ORDER DATE : July 19, 2023 ORDER TIME : 9:10 AM ORDER NO. : 884987-008 CUSTOMER NO: 8341896 CHANGE OF AGENT NAME: EIP COMMUNICATIONS I, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED 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.

ι.	Na	me of the limited liability company:	IUNICATI	ONS I	, LLC				
2.		Two Allegheny Center, Nova Tower 2							
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(9)_	ı	Mailing address of l (Note: MAY BE	imited liabilit	ty compai	
		Suite 1002							
		Pittsburgh, PA 15212		_					
		11/16/2018		M1	8000010	0302			
3.		Date of filing/registration in Florida	4.			Document numb	ber	_	
5	(a)	C T Corporation System							
5. (a)	(u)	Registered Agent and Registered Office shown on the record 1200 South Pine Island Road	ds of the Flo	rida De	pt. of State	- ::			
		Registered Office Address (MUST BE FLORIDA STRE		TÄLL	2023 AUG				
		Plantation	, FL333	324		- -	ALLAHASS	AUG -2	
(b	(b) .	Enter name of NEW Registered Agent and/or NEW Registered Office add					FOF STATE EE. FLORIDI	圣	
		Corporation Service Company					> `	,,,	
		NEW Registered Office Address:							
		1201 Hays Street							
		Tallahassee	, FL 3230	1					
cha: age: was	nge nt w /we artic	mited liability company is not organized under the or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member less of organization or the operating agreement of a fill Cilmi	e laws of the registed liability ers of the limited	he Star ered o compa imited d liabi	ffice and any, it is liability lity comp	the business off hereby confirmed company or as	fice of the r ed that the	registere change(	ed 's)
Si	gnati	ire of a member or authorized representative of a member	_	_		Printed or typed na	me of signee		
pro the to m	visio obli <sub>t</sub> iere:	y accept the appointment as registered agent and ins of all statutes relative to the proper and complegations of my position as registered agent as proving reflect a change in the registered office address in writing of this change.	ete perfor ided for in , I hereby	mance Chap confir	of my di oter 605, on that th	city. I further as uties, and I am fi F.S. Or, if this d ie limited liabilii Company	gree to com amiliar wit document i ty company	ply with h and a s being has be	h the ccept filed en
Sign	ature	e of Registered Agent	Ami M. (	Casp	er, Asst	t. Vice Preside	ent		