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(((H21000079952 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

; URS AGENTS LLC Account Name Account Number : I20150000127 : (800)567-4397 Phone

Fax Number

: (800)567-4398

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

john.kemp@point-broadband.com Email Address:

LLC REGISTERED AGENT CHANGE POINT BROADBAND FIBER HOLDING, LLC

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COVER LETTER

то:	Registration Section Division of Corporati	ons					
SUBJE	POINT BROA	DBAND FIBER H	IOLDING, I	LLC			
20 DJ E		Name of Limited Liability Company					
Dear Si	r or Madam:						
The end	closed Registered Age	nt/Registered Office	Change and f	fee(s) are submitted for filing.			
Please r	return all corresponder	ice concerning this m	atter to the f	following:			
John l	Kemp						
	Nam	e of Person					
POIN'	T BROADBAND FI	BER HOLDING, 1	LC				
	Firm	/Company					
1791	O.G. SKINNER DF	₹, STE A					
	Ad	dress					
WES ⁻	T POINT, GA 3183	3					
	City/Sta	te and Zip Code		_			
•	cemp@point-broad		_				
E	mail address: (to be	sed for future annual	report notifi	cation)			
For fur	ther information conc	erning this matter, ple	ease call:				
Kathy	Clark		800 at (567-4397			
	Name of Per		<u> </u>	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following an		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	☑ \$25 Filing Fee			55 Filing Fee & Certified Copy			
INHSI	8 (2/14)						

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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:	יייייייי		BER HOLDING, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1791 O.G. SKINNER DR, STE A			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) O.G. SKINNER DR, STE A	
	WEST POINT, GA 31833	 	WE	EST POINT, GA 31833	
	07/11/2019		M19	0000006702	
3.	Date of filing/registration in Florida	4.	·	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC. Registered Office Address			ofState:	
		3332	4		
(b)	Enter name of NEW Registered Agent and/or NEW Registered URS AGENTS, LLC	Office	ddress:	.: '	
	NEW Registered Office Address:				
	3458 LAKESHORE DRIVE		_	-3 :5	
	TALLAHASSEEFI	3231	2		
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members licles of organization or the operating agreement of the	f the re ability of the l	dstered compar mited l	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. John Kemp	
	ature of a member or authorized representative of a member	_		Printed or typed name of signee	
provis the ob to men notifie	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete lightions of my position as registered agent as providingly reflect a change in the registered office address, I do not make the change of this change. What hy Clark, Asst. Secretary are of Registered Agent	ree to d perfor ed for it hereby	ct in th mance Chapt confirt	his capacity. I further agree to comply with the of my duties, and I am familiar with and accep ster 605, F.S. Or, if this document is being filed m that the limited liability company has been	

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