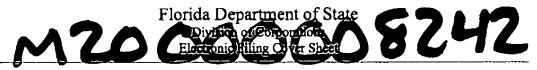
To: 18506176383 From: 14693173436 Date: 07/13/22 Time: 9:11 PM Page: 01/02



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(((H220002389163)))



H230002089163ABC0

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To:					
	Division of Corporations				
	Fax Number : (850)617-6383				
rom:					
	Account Name : LEGALINC CORPORATE SERVICES INC.				
	Account Number : I20180000011				
	Phone : (844)386-8178				
	Fax Number : (214)317-4754				
	**Enter the email address for this business entity to be used for future				
	annual report mailings. Enter only one email address please. ••				
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LLC REGISTERED AGENT CHANGE COMMNET WIRELESS, LLC

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H2200Q238916 3)))

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: COMMNET WI	RELESS	, I.I.C	
2. (a)			b)	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		λ.	Jailing address of limited hability company (Note: MAY BE POST OFFICE BOX)
	400 NORTHRIDGE RD STE 1100		400 NORT	HRIDGE RD STE 1100
	ATLANTA, GA 30350		ATLANTA	A, GA 30350
	09/21/2020		M200000083	242
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	COGENCY GLOBAL INC.			
,	Registered Agent and Registered Office shown on the records of 115 N CALHOUN ST	the Flore	la Dept of State	· ·
	Registered Office Address (MUST BE FLORIDA STREET) STE 4	<u>ADDRES</u>	<u>22)</u>	•
	TALLAHASSEE , FI	32301		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address LEGALING CORPORATE SERVICES INC.			2022 JUL 14
	NEW Registered Office Address			
	5237 SUMMERLIN COMMONS BLVD SUITE 400			9.
	FORT MYERS, FI	33907		. 03
changent was/w the art	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the register ability confitted in the limited	red office and ompany, it is mited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signa	Mary Mabey ature of a member of authorized representative of a member		THE STABLE	Printed or typed name of signee
, ,	thy accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I ad in writing of this change.	ree to ac perforn d for in hereby c	et in this capa nance of my a Chapter 605, confirm that t	
	Justin Celina Dire of Registered Agent			2000238916 3)))