

M21000002076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

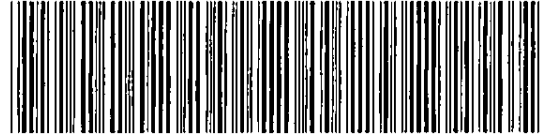
(Document Number)

Certified Copies _____ Certificates of Status _____

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J. HORNE
SEP - 9 2024

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800433173978

STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE

2024 SEP - 6 AM 10: 42

FILED

STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE

2024 SEP - 6 AM 11: 19

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 564127 8456487

AUTHORIZATION :

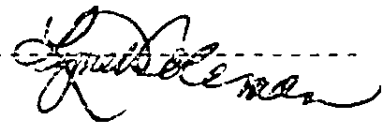
COST LIMIT : \$ 25.00

ORDER DATE : July 25, 2024

ORDER TIME : 10:10 AM

ORDER NO. : 564127-029

CUSTOMER NO: 8456487

A handwritten signature in cursive script, appearing to read "Lynette E. ...", is written over a dashed horizontal line.

CHANGE OF AGENT

NAME: UNITED ACCESS, L.L.C

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

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. Name of the limited liability company: UNITED ACCESS, L.L.C.

2. (a) 500 NORTHWEST PLAZA DR.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
STE 900
ST. LOUIS, MO 63074

(b) 500 NORTHWEST PLAZA DR.
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
STE 900
ST. LOUIS, MO 63074

3. 02/17/2021 Date of filing/registration in Florida

4. M21000002076 Document number

5. (a) CT CORPORATION SYSTEM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

(b) Corporation Service Company
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

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2024 SEP -6 AM 10:42
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Joshua Ruff
Signature of a member or authorized representative of a member

Joshua Ruff, Authorized Person
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Grace E. Kirby
Signature of Registered Agent
Grace E. Kirby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

CSC 564127