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(Address)						
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 489342 8369622 AUTHORIZATION COST LIMIT ORDER DATE: February 16, 2022 ORDER TIME : 5:09 PM ORDER NO. : 489342-012 CUSTOMER NO: 8369622 CHANGE OF AGENT NAME: ARX WIRELESS, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker

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.

I. N	ame of the limited liability company: ARX WIREL	.ESS, LLC			
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailin	g address of limited te: MAY BE POST	l liability company:
	110 WASHINGTON AVE		1610 S MARIO	N ST	
	N HAVEN, CT 06473	1	DENVER, CO 80210		
	03/05/2021	I	M21000003163		
3.	Date of filing/registration in Florida	4.	Docu	ment number	
5. (a)					
` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of State DRUCKER, KEITH				77
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				1977 FEB 18
	11555 HERON BAY BLVD STE 216				<u> </u>
	CORAL SPRINGS	33076		· · ·	
					12
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	inter name of NEW Registered Agent and/or NEW Registe	ered Office add	ress:		200
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	T				
	Tallahassee	FL			
agent v	imited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member clestop organization or the operating agreement of the	the registered Hiability con rs of the limit	office and the b pany, it is hereb ed liability com	ousiness office of by confirmed the pany or as other	of the registered
Jill Cilmi, Authorized Person					
	ture of a member or authorized representative of a member			d or typed name of	=
the obl to mere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and completigations of my position as registered agent as proviety reflect a change in the registered office address. In writing of this change.	agree to act in the performant ded for in Ch I hereby con	i this capacity, ice of my duties, apter 605, F.S. firm that the lin	I further agree and I am famil Or, if this docu aited liability co	to comply with the iar with and accept ment is being filed mpany has been
<u></u>	Inca C. Kubile re of Registered Agent	Grace E. K	irby, Asst. Vice	President	
->ıgııatu	ie or vektateten Wieuf /				