

Division of Corporations

**M21000003875**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323) 962-3600  
Fax Number : (323) 962-3989

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

Email Address: \_\_\_\_\_

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2021 JUN 17 AM 8:33  
TALLAHASSEE, FL 32309

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NETWORK TO CODE LLC**

Certificate of Status	0
Certified Copy	1
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JUN 18 2021

S. PRATHER

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NETWORK TO CODE LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHEYENNE MOSELEY

Name of Person

LEGALZOOM.COM, INC.

Firm/Company

101 N BRAND BLVD., 11TH FLOOR

Address

GLENDAL, CA 91203

City/State and Zip Code

jason@networktocode.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHEYENNE MOSELEY, LEGALZOOM.COM, INC. at ( 800 ) 773 - 0888 ext. 9724  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: NETWORK TO CODE LLC

Enter new principal office address, if applicable: 500 7th Ave #8A

(Principal office address  
MUST BE A STREET ADDRESS)

New York, NY 10018

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

500 7th Ave #8A

New York, NY 10018

2. The Florida document number of this limited liability company is: M21000003875

3. Jurisdiction of its organization: New Jersey

4. Date authorized to do business in Florida: 04/02/2021

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

If Changing Registered Agent, Signature of New Registered Agent

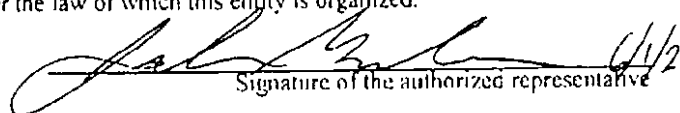
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TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCHESE, JOHN	500 7th Ave #8A	<input checked="" type="checkbox"/> Add
		New York, NY 10018	<input type="checkbox"/> Remove
MGR	MARCHESE, JOHN	315 W 36TH STREET	<input type="checkbox"/> Add
		NEW YORK, NY 10018	<input checked="" type="checkbox"/> Remove
MGR	EDELMAN, JASON	500 7th Ave #8A	<input checked="" type="checkbox"/> Add
		New York, NY 10018	<input type="checkbox"/> Remove
MGR	EDELMAN, JASON	315 W 36TH STREET	<input type="checkbox"/> Add
		NEW YORK, NY 10018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

JOHN MARCHESE

Typed or printed name of signer

Filing Fee: \$25.00

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2021 JUN 17 AM 9:33  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT