## Ma1000010673

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Dusiness Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO. :	12	20000000	195				
		REFER	ENCE :	96	3481	8417348				
		AUTHORIZA	TION :		1	1				
		COST L	IMIT :	\$	25000	Kenan				
ORDER DA	ATE :	August 31,	2023							
ORDER TI	IME :	2:17 PM								
ORDER NO	o. :	963481-184								
CUSTOMER	R NO:	8417348								
CHANGE OF AGENT										
NAME: SYMETRY COMMUNICATIONS, LLC										
PLEASE F	RETURN	THE FOLLOWI	NG AS P	ROOE	OF FIL	:ING:				
		FIED COPY								
XX	PLAIN	STAMPED COP	Y							
CONTACT	PERSON	I: Eyliena i	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.

1. 1	Name of the limited liability company: SYMETRY CO	MMUNIC	ATIONS, LL	C				
2. (a	)	d	2)					
(	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	3701 COMMUNICATIONS WAY		8837 BON	ID ST				
	EVANSVILLE, IN 47715		OVERLAN	ND PARK, KS 66214				
	08/16/2021		M21000010	0673				
3.	Date of filing/registration in Florida	4.	<del></del>	Document number				
5. (a	a)							
·	Registered Agent and Registered Office shown on the records of	f the Florida	a Dept. of State	:				
	NATIONAL REGISTERED AGENTS				20)			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	5)	•	5023 EZP			
	1200 SOUTH PINE ISLAND ROAD				<u>- G</u>			
	PLANTATION . FI	L_ <sup>33324</sup>		•				
(b	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	d Office ad	dress:		PH 12: 07			
	NEW Registered Office Address:							
	1201 Hays Street		<del>-</del>					
	Tallahassee, Fi	32301						
chang agent was/y the ar	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liverer authorized by an affirmative vote of the members of the organization or the operating agreement of the value of a member or authorized representative of a member of a member as a registered agent and agreement of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. In	e registere ability co of the lim limited I Jill (	ed office and mpany, it is ited liability iability comp Cilmi, Author	the business office of hereby confirmed that company or as otherwany.  Fixed Person  Printed or typed name of socity. I further agree to	the registered the change(s) vise provided in ignee			
	ture of Registered Agent			, Asst Vice President				

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