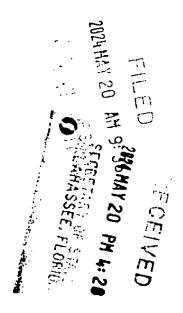
## M21000011032

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Be	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	•	
		J. HORNE MAY 2 1 2024
		<u>.                                    </u>





500428915515





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838

F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:_	05/20/2024	
Name:	Patrice Rush	
	nce #: <b>2372184</b>	_
Entity I	Name: 4G MO	BILITY, LLC
	Articles of Incorporation/Authorization	
	Amendment	
$\checkmark$	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
	ized Amount: \$25.00	
Signati	ure: TMO	

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I200000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	05/20/2024	
Name:	Patrice Rush	
	#:2372184	
	e:	4G MOBILITY, LLC
Artic		orization to Transact Business
✓ Char	nge of Agent	
Rein	statement	
Conv	version	
☐ Merg	ger	
☐ Diss	olution/Withdrawal	
Fictit	tious Name	
☐ Othe	er	
Authorized	Amount: <b>\$25</b> .	00

F: +852.2682.9790

## 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.

2. (a)		(b			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			_	of limited liability company: <u>BE POST OFFICE BOX</u> )
	No Change	<del></del>	No C	hange	
	August 23, 2021	_		M210000110	32
3.	Date of filing/registration in Florida	4.		Document r	number
5. (a)	INCORPORATING SERVICES, LTD.				
. (.,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of :	State:	
	1540 GLENWAY DRIVE				20
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS			24 #
					三 三
	TALLAHASEE	32301			FILED 2024 MAY 20 AH
	, FI			<u>—</u>	
(b)	COGENCY GLOBAL INC.				<u>ق</u> کی ایک
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	<del></del>	4 S
	115 North Calhoun St., Suite 4				
	NEW Registered Office Address:				
	Tallahassee , FI	<u>32301</u>			
he cha agent w was/we	imited liability company is not organized under the la nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the regis lability co of the lim	tered of mpany, ited liab	fice and the bus it is hereby con pility company o	iness office of the registered firmed that the change(s)
	iayant Ghai		ant Gh	· •	
	ure of a member or authorized representative of a member	<del></del>	-		ed name of signee
provision The obli To mere Totified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I I in writing of this change.  The Mayville	ree to act performe d for in C hereby co	in this c ince of i hapter infirm th	capacity. I furth my duties, and I 605, F.S. Or, if hat the limited li	ner agree to comply with the am familiar with and accep this document is heing filed iability company has heen

Signature of Registered Agent