2/15/22, 4:59 PM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:_

LLC REGISTERED AGENT CHANGE 911 DATAMASTER, LLC

Certificate of Status Certified Copy Ü Page Count 01 \$25.00 Estimated Charge

From: Lexus Wingo

1022 FEB 16

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From: Lexus Wingo

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.

l. Na	me of the limited liability company: 911 DATAMAS	TER, LLC	
2. (a)	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)
	7500 COLLEGE BLVD STE 500		
	OVERLAND PARK, KS 66210		
	12/15/2021	M2	21000017290
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	STRICKLAND, KELLEY		
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept of State:		
	Registered Office Address (MUST BE FLORIDA STREET) 8146 8 ST	ADDRESS)	
	LAUREL HILL, FI	32567	28
	C.T. Corporation System		APPR ALLABASS
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	BI6 PM
	NEW Registered Office Address;	· · · · · · · · · · · · · · · · · · ·	
	1200 South Pine Island Road		
	Plantation, FI	33324	
the cha agent v was/wa	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the register lability compof the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) id liability company or as otherwise provided in
Ka.	Dellande	Kristi	in L. Kruska
Signa	iture of a member or authorized representative of a member		Printed or typed name of signee
provisa the obj to mer notifie By:	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. C T Corporation System	ree to act in 2 performanc ed for in Che hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apier 605, F.S. Or, if this document is being filed firm that the limited liability company has been
	ne of Registered Agent		
sy: Fra	acy Kellner, Asst. Secy. Division of Corporations • P.O.	Box 6327•	Tallahassee, FL 32314

FILING FEE: \$25.00