Division of Corporations

Florida Department of State Division of Conocations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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 COMMNET BROADBAND, LLC

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OCT 26 2022

K. Brumbley

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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. N	ame of the limited liability company: COMMNET BR	OADBAND.	LLC		
2. (a)		(b) _			
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of hinited hability company (Note: MAY BE POST OFFICE BOX) 5(0) Cummings Center, SUITE 2450 Beverly, MA, US, 01915 M21000017332		
	500 Cummings Center, SUITE 2450				
	Beverly, MA, US, 01915				
	12/17/2021	М			
3.	Date of filing registration in Florida	4.	Documen	t number	
5. (a)					
ره) .د	Registered Agent and Registered Office shown on the records o	f the Florida D	ept of State		
	COGENCY GLOBAL INC				
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS)			
	115 NORTH CALHOUN STREET, SUITE 4			~ 2	
	TALLAHASSEE , F	32301		APPR FIL 2022 OCT 25 JUDIE AM	
(þ)				25 25	
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office addr	<u>tss</u>	PA ED	
	LEGALING CORPORATE SERVICES INC.			1 2: 57	
	NEW Registered Office Address				
	476 Riverside Ave		···		
	Jacksonville F	32292			
chang agent was/w the an	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the St te registered liability com of the limite e limited lial	office and the busing pany, it is hereby cond a liability company	ness office of the registered onfirmed that the change(s)	
Sign	MARY MABCT authorized Septementative of a member		Printed or	typed name of signee	
I here provis the ob-	eby accept the appointment as registered agent and agents of all statutes relative to the proper and completeling at the proper agent as provided free as a change in the registered office address, I also withing of this change.	gree to act in e performan ed for in Ch hereby conj	ce of my attites, and aptér 605, F.S. Or, firm that the limited	a ram jaminar with and accept, if this document is being filed diability company has been	
Signat	nature of Registered Agent			(((H22000365719 3)))	