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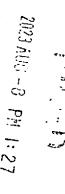
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 900683 AUTHORIZATION : COST LIMIT : \$ \25\.00 ORDER DATE : July 25, 2023 ORDER TIME : 1:44 PM ORDER NO. : 900683-034 CUSTOMER NO: 8419312 CHANGE OF AGENT NAME: IQ FIBER (DE), LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX __ PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland-sorenson

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. N	lame of the limited liability company:IQ FIBER (DE)), LLC	
2. (a)	8787 Perimeter Park Boulevard	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Jacksonville, FL 32216		
	04/15/2022	M2200	00006401
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ABL Law, P.A.		
J. (a,	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	f State:
	100 N. Laura Street, Suite 501		·~ ~
	Registered Office Address (MUST BE FLORIDA STREET	——————————————————————————————————————	
	Jacksonville, FI	32202	2023 hUC -8
			PH of
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	1. 21) 1. 21/12 1. 27/12
	Corporation Service Company		·
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee, FL	32301	
change agent v was/w the art	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered offic ability company of the limited lia limited liability	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
	/s/ Jill Cilmi	Jili Cilmi, A	Authorized Person Printed or typed name of signee
-	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as providet ely reflect a change in the registered office address, I l d-in writing of this change.	ree to act in this performance of d for in Chapter hereby confirm to progration Ser	7.
	ll IN X ll		
Signatu	re of Registered Agent An	nı ıvı. Casper,	Asst. Vice President