## Florida Department of State

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## LLC REGISTERED AGENT CHANGE HARMONI NETWORK SERVICES LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	me of the limited liability company:  6210 ARDREY KELL RD	6210 ARDREY KELL RD		
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)
	STE 450		STE 450	
	CHARLOTTE, NC 28277-4864	<del>_</del>	CHARLO	DTTE, NC 28277-4864
	06/06/2022		M2200000	8761
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Corporation Service Company			
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	<del>-</del> te <sup>.</sup>
	1201 Hays Street			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	1	
(b)	Tallahassee . FL	32301-25	25	202
	C T Corporation System			2023 AUG 18
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	18 PH
	NEW Registered Office Address;			- မှု
	1200 South Pine Island Road			- S. S.
	Plantation FL	33324		_
he cha igent w was/we	mited liability company is not organized under the lay nge or changes are made, the Florida street address of cill be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registability con the limited limited li	tered office in a party it in the contract of	re and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in appany.
Signal	ure of a member or authorized representative of a member	YAN	NIS MACI	HERAS, MANAGER
	•		in dec.	Printed or typed name of signee
rovisi he obli o mere	ny accept the appointment as registered agent and agroins of all statutes relative to the proper and complete igations of my position as registered agent as provide ity reflect a change in the registered office address, 11 in writing of this change.  C.T. Corporation System	performa d för in (, hereby co	n aus caj mce of my hapter 60 nfirm that	duties, and I am familiar with and accepts, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent JOE DAVIS, ASST SECRETARY