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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2024 FEB 14 AM 11:33
STATE OF FLORIDA
TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HARMONI NETWORK SERVICES LLC

Certificate of Status	0
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RECEIVED
2024 FEB 14 AM 10:52
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Harmoni Network Services LLC

Enter new principal office address, if applicable: 6210 Ardrey Kell Road, Suite 450

(Principal office address

MUST BE A STREET ADDRESS)

Charlotte, NC 28277

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

6210 Ardrey Kell Road, Suite 450

Charlotte, NC 28277

2. The Florida document number of this limited liability company is: 1122000008761

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 6/6/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.L.C.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

FILED
2024 FEB 14 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FL

