Maa000016821

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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1. 2023 1. 2023

2023 SEP 11 PH 12: 08

ALLAHASSEF FIRE

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| REFERENCE : 963481 8417348 | | | | | | | | |
| AUTHORIZATION : | | | | | | | | |
| COST LIMIT : \$25.00 | | | | | | | | |
| ORDER DATE : August 31, 2023 | | | | | | | | |
| ORDER TIME : 2:16 PM | | | | | | | | |
| ORDER NO. : 963481-095 | | | | | | | | |
| CUSTOMER NO: 8417348 | | | | | | | | |
| | | | | | | | | |
| CHANGE OF AGENT | | | | | | | | |
| | | | | | | | | |
| NAME: METRONET INFRASTRUCTURE MANAGER, LLC | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | | |
| | | | | | | | | |
| CONTACT PERSON: Eyliena Baker | | | | | | | | |
| FYAMINED'C INTTINIC. | | | | | | | | |

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: METRONET INF | RASTI | RU | CTURE MA | ANAGER, LLC | | - | | | |
|-------------------------|--------------------------------|---|--|--------------------------|---|---|-------------------------------|-------------------------------------|------------------------------------|--|--|
| 7 | (a) | | (| h) | | | | | | | |
| ~. | (11) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ' | , | M | ailing address of limited li (Note: MAY BE POST G | ability | compa | ny: | | |
| | | 8837 BOND ST | | | 8837 BON | D ST | | | | | |
| | | OVERLAND PARK. KS 66214 | | OVERLAND PARK, KS 66214 | | | | | | | |
| | | 11/02/2022 | N | | | M22000016821 | | | | | |
| 3. | | Date of filing/registration in Florida | 4. | _ | . [| Document number | - | | | | |
| 5. | (a) | Registered Agent and Registered Office shown on the records of t | he Floric | la I | Dept. of State: | | •• | 2023 SFF 11 | · · | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRES | <u>(S)</u> | | | | | - | | |
| | | 1200 SOUTH PINE ISLAND ROAD | | | | | | <u></u> | | | |
| | | PLANTATION FL | 33324 | | | | | P!! 2: | | | |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company | Office a | ddı | ress: | | | | | | |
| | | NEW Registered Office Address: | | | | | | | | | |
| | | 1201 Hays Street | | | | | | | | | |
| | | Tallahassee, FL_ | 32301 | | | | | | | | |
| cha age wa the | inge ent w s/we artic | mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liable. | register bility co f the lin imited | red orr nit lia | office and ipany, it is l ed liability bility comp | the business office of hereby confirmed that company or as otherw | the r | egiste: change | red e(s) | | |
| S | ignal | ure of a member or authorized representative of a member | | | | Printed or typed name of si | gnee | | | | |
| pro the to) | ovisio obli nere | y accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have fin writing of this change. | perform for in (ereby c | ian Ch on | ice of my di apter 605, firm that th | dies, and I am familia F.S. Or, if this docum e limited liability com | com r wit ent i pany | iply wi h and s hein has h | th the accept g filed een | | |
| Sig | natur | e of Registered Agent | <u>G</u> | rac | e E. Kirby. | Asst Vice President | | | | | |