Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000158198 3)))



H230001581983ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Cmail | Address: | | | |
|-------|----------|--|--|--|
| | | | | |

LLC REGISTERED AGENT CHANGE LIVEOAK FIBER, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

Help

DAY 1 7 2923

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. | Na | me of the limited liability company: LIVEOAK FIB | ER, LL | <u> </u> | | . | | |
|--------------------|--------------------------|---|--|--|--|---------------------------------------|--|--|
| ר ר | a) 808 GLOUCESTER STREET | | | (b) 808 GLOUCESTER STREET | | | | |
| 2. (| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | | Mailing address of limited liability co (Note: MAY BE POST OFFICE) | | | |
| | | BRUNSWICK, GA 31520 | - | BRUNS | SWICK, GA 31520 | | | |
| | | 08/29/2022 | | | M2300000631 | 8 | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. | (a) | STERLING BUSINESS LAW | | | | | | |
| | (**) | Registered Agent and Registered Office shown on the records of the | ne Florida | Dept. of Stat | - v: | | | |
| | | 3250 GRAND AVE., STE. 202 | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | _ | | | | | |
| | | | 33133 | | | 2023 FPR 27 | | |
| (| b) | Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered 4 | Office add | ress: | _ | 2: | | |
| | | 801 US Highway 1 NEW Registered Office Address: | | · | <u>.</u> | 11 Kd | | |
| | | NEW Registered Office Address. | | | | သ ဘ | | |
| | | North Palm Beach | 33408 | | _ | | | |
| cha age was | nge nt v s/we | 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 lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | registered oility cor `the limi | l office an npany, it is ted liabilit | d the business office of the reg s hereby confirmed that the cha y company or as otherwise pro | istered inge(s) | | |
| | | Ein Savilla | Erin | Saville, | Attorney-In-Fact | | | |
| Si | gnat | ure of a member or authorized representative of a member | | | Printed or typed name of signee | | | |
| pro the to n | visi obli nere | by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change. | e to act i performa for in Ci preby con | n this cape nce of my c hapter 605 ifirm that | acity. I further agree to comply duties, and I am familiar with a i. F.S. Or, if this document is b the limited liability company h | with the md accept eing filed as been | | |

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

Erin Saville, Special Secretary

Signature of Registered Agent