M2400012032

(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.					

Office Use Only



900441634929

2024 DEC 27 AM 9: 44
SECTION AND SECTION
TAIL OF STATE
TAIL AND SEEF, FL



CSC - Tallahassee
CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 12/27/24 Order #: 1743394-9

Re: NextCity Networks Telecom, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	gistration Section vision of Corporations				
SUBJECT	NextCity Networks Telecom, LLC				
	Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered (Office Change and fo	ee(s) are submitted for filing.		
Please retur	rn all correspondence concerning	this matter to the fo	ollowing:		
David M. L	ee				
	Name of Person		_		
NextEra Er	nergy Resources, LLC				
	Firm/Company		-		
700 Univer	rse Blvd., LAW/JB				
	Address		_		
Juno Beac	h, FL 33408				
	City/State and Zip Cod	e	_		
•	Governance.SharedMailbox@ne				
E-ma	il address: (to be used for future	annual report notific	ation)		
For further	information concerning this mat	ter, please call:			
Kasandra t	ten Pas	561 at (304-5919		
	Name of Person		Area Code & Daytime Telephone Number		
Re Di P.(gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
En	closed is a check for the follow	ing amount:			
	\$25 Filing Fee	□ \$55	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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:	Networks Tel		
2. (a)	700 Universe Blvd., Juno Beach, FL 33408		700 (b)	Universe Blvd., LAW/JB, Juno Beach, FL 334
. (,	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	09/18/2024		 M240	000012032
3.	Date of filing/registration in Florida	4.		Document number
	Corporation Service Company			
5. (a)	Registered Agent and Registered Office shown on the rec	ords of the Flor	ida Dept.	of State:
			•	
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRE	SS)	
	1201 Hays Street			
	allahassee	3230	i	FILED 2021 DEC 27 AH 9: 44 2021 DEC 27 AH 9: 44 2021 DEC 27 AH 9: 44
(b)	Enter name of NEW Registered Agent and/or NEW Reg	vistered Office	address:	—— FA 1
	David M. Lee			L1 &
	NEW Registered Office Address:			
	700 Universe Blvd., LAW/JB			
	Juno Beach	, FL_33408	3	
change igent w was/we	imited liability company is not organized under or changes are made, the Florida street address will be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the men- cles of organization or the operating agreement	of the registe ited liability ibers of the l of the limite	ered offi compan imited l d liabilit	ice and the business office of the registered y, it is hereby confirmed that the change(s) iability company or as otherwise provided in cy company.
<u> </u>	100-		ason B.	
~	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi he obli o mere	by accept the appointment as registered agent as ons of all statutes relative to the proper and con igations of my position as registered agent as proby reflect a change in the registered office addrift in writing of this change.	nd agree to a uplete perfor rovided for it ess, I hereby	ct in thi mance o Chapte confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed a that the limited liability company has been

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

CSC COA-14429

Signature of Registered Agent