

M24 0000 13998

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11/14/24--01014--007 **25.00

2024 NOV 14 PM 5: 18 SECRETARY OF STATE TALLAHASSEE EN

COVER LETTER

TO: Registration Section Division of Corporations								
Airspan Networks Holdings LLC SUBJECT:								
	Name of Limited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office	e Change an	d fee(s) are submitted for filing.						
Please return all correspondence concerning this	matter to the	following:						
Zhechka Chenkova								
Name of Person								
Airspan Networks Inc.								
Firm/Company								
777 Yamato Rd, Suite 310								
Address								
Boca Raton, FL 33431								
City/State and Zip Code								
zchenkova@airspan.com								
E-mail address: (to be used for future annua	al report noti	fication)						
For further information concerning this matter, p	lease call:							
Zhechka Chenkova	954	305-6347						
Name of Person	_ at (Area Code & Daytime Telephone Number						
Mailing Address:		Street Address:						
Registration Section Division of Corporations		Registration Section Division of Corporations						
						P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following a	mount:							
■ \$25 Filing Fee		\$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.

I. Na	me of the limited liability company:	works Holdi	ngs LLC					
	777 Yamato Rd, Suite 310, Boca Raton, FL 33431	_	(b)	Yamato Rd,	Suite 310, Bo	ca Rator	ı, FL 33	3431
(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:			address of lim			
	11/1/2024		M240	000013998			_	
3.	Date of filing/registration in Florida	4.		Docu	ment numbe	τ		
5. (a)	C T Corporation System							
	Registered Agent and Registered Office shown on the record 1200 South Pine Island Road	rds of the Flo	riđa D e pt.	of State:				
	Registered Office Address (MUST BE FLORIDA STR							
);[]]S	2021	
	Plantation	_, FL_ ³³³²	ļ			ALL AL	7 AON 1702	7
						ASS	<u>-</u>	
(b)	Enter name of NEW Registered Agent and/or NEW Regis	stered Office	address:			TARY OF	P	m
	Patricia Durante					STATE E. FL	5: 19	
	NEW Registered Office Address:						_	
	777 Yamato Rd, Suite 310							
	Boca Raton	_, FL	1					
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membicles of organization or the operating agreement of	of the regis ted liability bers of the	tered off compar limited l	ice and the l ny, it is herel iability com	business offi by confirmed pany or as o	ce of the I that th	e regis [.] e chan	tered ge(s)
	Hart	_			d Brant			
	ture of a member or authorized representative of a member				ed or typed nam			
noujue	by accept the appointment as registered agent anions of all statutes relative to the proper and comiligations of my position as registered agent as proely reflect a change in the registered office address in writing of this change.	d agree to plete perfo ovided for i ss, I hereb	act in the rmance in Chapt v confirm	is capacity. of my duties, er 605, F.S. n that the lin	I further ag , and I am fa Or, if this d nited liability	ree to co miliar v locumen v compa	omply with an it is bei iny has	with the d accept ing filed been
Signato	Thura KWattl	· - -						

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