Zip     Country     Zip     Country     S. Certificate of Status Desired     \$5.00 Additing the process of New Registered Agent       CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301     Name     Name       Correct Address of New Registered Agent     Name       Street Address (PO. Box Number is Not Acceptable)     Code       8. The above named entity submits this statement for the purpose of changing its registered Agent genus, typed or printed name of registered agent and the respicable.     (MOTE Registered Agent genus)       StGNATURE     Street Address (PO. Box Number is Not Acceptable)       B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       SIGNATURE     Street Address (PO. Box Number is Not Acceptable)       B. ManAGAING MEMBERS // MEMBERS     (MOTE Registered Agent signatur requires when restating)       DATE     FILE NOW!!! FEE IS \$50.00       Make Check Popable to Department of State     Component of State       9.     MANAGING MEMBERS //MEMBERS     10.       ADDITIONS/CHANGES     The state mast agent		
NETWORK INTERNATIONAL OF THE SOUTH, LC       00 JAN 18 PM 2: 52         Principal Place of Business       Mailing Address         Did Place Do Business       Mailing Address         Do Place Books       1300 Place Do Books         Principal Place of Business       Stop Place Do Books         Do Not Wille MD 20600       ROCKVILE MD 20600         Suite, Apt. #, etc.       Suite, Apt. #, etc.         Cony & Suite       Clay & Suite         Zip       Country         Zip       Country         Zip       Country         Zip       Country         Zip       Country         Core Country       State Appl. #, etc.         DOROPRATION SERVICE COMPANY       State Address of New Registered Agent         TALLAHASSEE FL 32301       Name and Address of New Registered Agent         Coty       State Appl. #, etc.         SIGNATURE       Pice Royable to preserve or more registered Agent         TalLAHASSEE FL 32301       Country         City       FLE Nowelling the registered Agent memorable         Coty       FLE Nowelling the registered Agent memorable         Coty       FLE Nowelling the registered Agent memorable         Coty       FLE Nowelling the registered Agent memorable         SignAll UPE       <		
1300 PICCARD DR # 202         1300 PICCARD DR # 202           POCKVILLE MD 20850         ROCKVILLE MD 20850 4203           2. Principal Place of Business         3. Mailing Address           Suite, Apt. #, etc.         Suite, Apt. #, etc.           City & State         Oily & State           Z.p.         Country           Zip         Country           Zip         Country           Zip         Country           State         Oily & State           B. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent           B. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent           TALLAHASSEE FL 32301         Street Address (PO. Box Number is Not Acceptable)           City         Street Address (PO. Box Number is Not Acceptable)           TALLAHASSEE FL 32301         City           MCRM URV         Street Address (PO. Box Number is Not Acceptable)           Street Address (PO. Box Number is Not Acceptable)         City           TALLAHASSEE FL 32301         City           Make Check Payable to Department of State         Street Address (PO. Box Number is Not Acceptable)           Street Address (PO. Box Number is Not Acceptable)         City           Street Address (PO. Box Number is Not Acceptable)         Ci		
1300 PICCARD DR + 202         1300 PICCARD DR + 202           PROCKVILLE MD 20850         3. Mailing Address           2. Principal Place of Business         3. Mailing Address           Suite. Apt. #, etc.         Suite. Apt. #, etc.           City & State         C. Principal Place of Business           2. Principal Place of Business         3. Mailing Address           Cuty & State         C. Principal Place of Business           2. Principal Place of Business         3. Mailing Address           Cuty & State         C. Principal Place of Business           2. Principal Place of Business         3. Mailing Address           Cuty & State         C. Principal Place of Business           2. Principal Place of Business         4. FEI Number State Desired           2. Principal Place of Business         Stote Address of New Replatered Agent           2. Principal Place of Business         Stote Address of New Replatered Agent           B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.           SIGNATUPE         Top Contex           B. The above named entity submits this statement for the purpose of changing its registered agent agent were registered agent and registered agent agent were registered agent agent		
ROCKVILLE MD 20850       ROCKVILLE MD 20850-4308         2. Principal Place of Business       3. Mailing Address         Suite. Apt. #, etc.       Suite. Apt. #, etc.         City & State       C. Ley's State         Country       Zip         Country       Zip         Country       S. Certificate of Status Desired         Street Address of Num Registered Agent         CRPORATION SERVICE COMPANY         1201 HAYS STREET         TALLAHASSEE FL 32301         City       FLE NOW!!! FEE IS \$50.00         MANAGINO MEMBERS/MEMBERS       001°E Registered Agent and the fragetage.         PL       Zip Code         SKONATURE       MANAGINO MEMBERS/MEMBERS         Name and Address (Pol, Box Number is Not Acceptable)         Stote Address (Pol, Box Number is Not Acceptable) </td <td colspan="2">TALLAHASSEE, FLORIDA,</td>	TALLAHASSEE, FLORIDA,	
Suite, Apt. #, etc.       Suite, Apt. #, etc.       DO NOT WRITE IN THIS SPACE         City & State       City & State       A. FEI Number S 2 - F17 3 7 3 7 [App]       Appl. #, etc.         Zip       Country       Zip       Country       S. Certificate of Status Desired       \$5.00 Additing reserved Agent         Zip       Country       Zip       Country       S. certificate of Status Desired       \$5.00 Additing reserved Agent         CORPORATION SERVICE COMPANY       Street Address (P.O. Box Number is Not Acceptable)       Name         CORPORATION SERVICE COMPANY       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Ioint HANS SERVICE COMPANY       Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       SMANTURE       Street Address (P.O. Box Number is Not Acceptable)         SIGNATURE       Bignaum, beend or pursue agent and the regetable.       (POE Hognaum Agent agent and the regetable.       Oute         SIGNATURE       Bignaum, beend or pursue agent and the regetable.       (POE Hognaum Agent a		
Suite, Apt. #, etc.       Suite, Apt. #, etc.       DO NOT WRITE IN THIS SPACE         City & State       City & State       A. FEI Number S2-TF17377       Appl. Mark         Zip       Country       Zip       Country       S. Certificate of Status Desired       \$5.00 Additing rearrange         CORPORATION SERVICE COMPANY       Street Address of New Registered Agent       7. Name and Address of New Registered Agent       Name         CORPORATION SERVICE COMPANY       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         1201 HAXS STREET       TALLAHASSEE FL 32301       City & FL       Zip Code         6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       SKIATURE         SIGNATURE       Signame, typed of provid name of ageneration agene and registered agent for registered agent, or both, in the State of Florida.       OME         SIGNATURE       Signame, typed of provid name of ageneration agene and registered agent for registered agent, or both, in the State of Florida.       Signame, typed of provid name of ageneration agene and the registered agent for registered agent, or both, in the State of Florida.         SIGNATURE       Signame, typed of provid name of ageneration agene and the registered agent for registered agent, or both, in the State of Florida.       City T T T T T T T T T T T T T T T T T T T	<b>i i</b> i chi i chi	
City & State       City's State       4. FEI Number       S2-19 T & 73 T       Appl.         Zip       Country       Zip       Country       S. Contificate of Status Desired       Be Required         B. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         CORPORATION SERVICE COMPANY       International Address of New Registered Agent       Name         CORPORATION SERVICE COMPANY       International Address (P.O. Box Number is Not Acceptable)       International Address (P.O. Box Number is Not Acceptable)         1201 HAYS STREET       Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         6. The above named entity submits this statement for the purpose of changing its registated office or registered agent, or both, in the State of Florida.       Storet Address (P.O. Box Number is Not Acceptable)         Signame, typed or prints name of registered agent agent and the registate.       (NOTE Registered Agent agent are the registate.       (Note Registered Agent agent are the registate.         9.       MARAGING MEMBERS / MEMBERS       10.       ADDITIONS/CHANGES       Dote         9.       MARAK       Date       International agent ag	- T T T T T T T T T T T T T T T T T T T	
Zip     Country     Zip     Country     Size Country     Siz		
Zip       Country       Zip       Country       S. Certificate of Status Desired       \$5.00 Additis Fee Required         B. Name and Address of Current Registered Agen1       7. Name and Address of New Registered Agen1       7. Name and Address of New Registered Agen1         CORPORATION SERVICE COMPANY 1201 HAYS STREET       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         I201 HAYS STREET       City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registored office or registored agent, or both, in the State of Florida.       State of Florida.         SIGNATURE       Bipsaue, toped or prind name of ingittered upon and the if registable.       (MOTE Registered Agent agentative registored agent, or both, in the State of Florida.         SIGNATURE       Bipsaue, toped or prind name of ingittered upon and the if registable.       (MOTE Registered Agent agentative registored agent, or both, in the State of Florida.         SIGNATURE       Bipsaue, toped or prind name of ingittered upon and the if registable.       (MOTE Registered Agent agentative registored agent, or both, in the State of Florida.         SIGNATURE       ITTLE       Street Address (P.O. D.D. #####SDOD         MARE       Street Address       10.       ADDITIONS/CHANGES         TITL       Street Address (P.O. D.R. #202       ITTLE       Street address         Street Ad	blied For	
6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent       CORPORATION SERVICE COMPANY     Name       1201 HAYS STREET     Street Address (P.O. Box Number is Not Acceptable)       City     FL       Zip Code       8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       SIGNATURE     Egentue, bysic or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signation registered agent, or both, in the State of Florida.       SIGNATURE     Egentue, bysic or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signation registered agent, or both, in the State of Florida.       SIGNATURE     Egentue, bysic or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signation regulated when weinstating)     DATE       FILE MOW!!! FEE IS \$50.00     Make Check Payable to Department of State       9.     MANAGING MEMBERS/MEMBERS     10.       Intel mater     SanDLER, MARK     Intel mater       Sandt LR, MARK     Intel mater     Change       Sandt LR, MARK     Intel mater     Change       Santer address     1300 PICCARD DR, #202     Intel mater       Intel mater     Intel mater     Intel mater       Intel mater     Intel maters     Intel mater </td <td>tional</td>	tional	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301  City  FL Zip Code City  City  FL City  FL Zip Code City  FL Zip Code City  FL City FL C		
1201 HAYS STREET     Direct Address (F.O. BOX Holl/Del is NO. Acceptable)       1201 HAYS STREET     City     FL       7ALLAHASSEE FL 32301     City     FL       2ip Code       8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       SIGNATURE     Igrature, typed or private name of inditated agent and the if applicable.     (NOTE Registered Agent signalize regating when minitaling)     OATE       9.     MANAGING MEMBERS/MEMBERS     10.     ADDITIONS/CHANGES       10.     ADDITIONS/CHANGES     Itel is statement of the inditional agent and the if applicable.     Itel is statement of State       9.     MANAGING MEMBERS/MEMBERS     10.     ADDITIONS/CHANGES       10.     ADDITIONS/CHANGES     Itel is statement of State       9.     MANAGING MEMBERS/MEMBERS     10.       10.     ADDITIONS/CHANGES     Itel is statement of State       9.     MANAGING MEMBERS/MEMBERS     10.       10.     ADDITIONS/CHANGES     Itel is statement of State       9.     MANAGING MEMBERS/MEMBERS     10.       10.     CALPOS     Itel is statement of State       9.     MANAGING MEMBERS/MEMBERS     10.       10.     CALPOS-SANDLER, LAURA     Itel is statement of state states       10.     CALPOS-SANDLER, LAURA		
TALLAHASSEE FL 32301       City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       Signature, typed of printed name of registered agent and the if applicable.       (NOTE Registered Agent signature registered when reinstating)       DATE         Signature, typed of printed name of registered agent and the if applicable.       (NOTE Registered Agent signature registered when reinstating)       DATE         Signature, typed of printed name of registered agent and the if applicable.       (NOTE Registered Agent signature registered agent, or both, in the State of Florida.         Signature, typed of printed name of registered agent and the if applicable.       (NOTE Registered Agent signature registered agent, or both, in the State of Florida.         Signature, typed of printed name of registered agent and the if applicable.       (NOTE Registered Agent signature registered agent, or both, in the State of Florida.         MGRM       Make Check Payable to Department of State       Date         The asset       SANDLER, MARK       The state address         SANDLER, MARK       Delete       The state address         MGRM       Delete       The state address         MANA DIPC ARD DR, #202       The state address       -02/01/00010370         The MEM       Delete       The state address         MEM       Delete       The		
SIGNATURE       Signature, typed or pirited name of registered agent and the if applicable.       (NOTE Registered Agent signature required when rematiling)       DATE         9.       MANAGING MEMBERS/MEMBERS       10.       ADDITIONS/CHANGES         9.       MARE       SANDLER, MARK       Debeto       NAME         9.       ROCKVILLE MD 20850       TITLE       SGNOLER, LAURA       TITLE       Gamps         9.       ROCKVILLE MD 20850       TITLE       NAME       TITLE       ITTLE ADDERSE       Change         9.       MEM       MEM       MAME       TITLE       TITLE       Change       Change <td></td>		
TTLE       MGRM       Deloto       TTLE       Change         AAME       SANDLER, MARK       NAME       BOOCS 3117758- -02/01/00-01037-0         STREET ADDRESS       1300 PICCARD DR, #202       STREET ADDRESS       -02/01/00-01037-0         CITY-ST-ZIP       ROCKVILLE MD 20850       CITY-ST-ZIP       -02/01/00-01037-0         TTLE       MEM       Deloto       TTLE       ******50.00       ******         NAME       CAMPOS-SANDLER, LAURA       NAME       Change       Change         STREET ADDRESS       1300 PICCARD DR, #202       STREET ADDRESS       CITY-ST-ZIP       Change         STREET ADDRESS       1300 PICCARD DR, #202       STREET ADDRESS       CITY-ST-ZIP       Change         TTLE       MEM       Deloto       TTLE       NAME       Change         STREET ADDRESS       1300 PICCARD DR, #202       STREET ADDRESS       CITY-ST-ZIP       Change         TTLE       MEM       MAME       STREET ADDRESS       CITY-ST-ZIP       Change         TITLE       MEM       Deloto       TTTLE       NAME       Change         TITLE       MEM       Deloto       TTTLE       NAME       Change         STREET ADDRESS       TOCKVILLE MD 20850       TTTLE       NAME		
AAME     SANDLER, MARK     NAME     SOUDOS1117758- -02/01/00010370       STREET ADDRESS     1300 PICCARD DR, #202     STREET ADDRESS     -02/01/00010370       CITY-ST-ZIP     ROCKVILLE MD 20850     CITY-ST-ZIP     ******50.00     ******50.00       NAME     CAMPOS-SANDLER, LAURA     Dototo     TITLE     Chaoge       NAME     CAMPOS-SANDLER, LAURA     STREET ADDRESS     CTY-ST-ZIP       STREET ADDRESS     1300 PICCARD DR, #202     CTY-ST-ZIP       TITLE     MEM     Dototo     TITLE       NAME     STREET ADDRESS     CTY-ST-ZIP       TITLE     MEM     Dototo       TITLE     MEM     Dototo       TITLE     MEM     Dototo       TITLE     MEM     Chaoge       TITLE     MEM     Dototo       TITLE     MAME	In Addition	
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TITLE     MEM     Datesto     TITLE       NAME     PRITZ, DAVID     NAME       STREET ADDRESS     1300 PICCARD DR, #202     STREET ADDRESS       GITY-ST-ZIP     ROCKVILLE MD 20850     CITY-ST-ZIP	🛄 Addition	
	Aduition .	
NAME NAME	🗌 Addition	
	🗌 Addition	
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the info indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am a managing member or manager of limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: MARKIASIARINGEROUNDESCRUNDESCRUNDESCRUMENTS DATE OF SIGNING MANAGING MEMBER OR MANAGER	ormation of the	

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