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Prom:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 Phone : (561)508-5033

Fax Number : (561)694-1639

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

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## LLC REGISTERED AGENT CHANGE SWITCH & DATA FACILITIES COMPANY, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OF 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.

Ι.	Na	me of the limited liability company:	TIA F	ACILITIES	S COMPANY, LLC	
2.	(a)		_ (1	o)		
		Principel office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
		ONE LAGOON DRIVE 4TH FLOOR		ONE I	AGOON DRIVE 4TH FLOOR	
			-		·	
		REDWOOD CITY, CA 94065	REDWOOD CITY, CA 94065			
		12/14/1999		M99000001977		
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)				_	
	•	Registered Agent and Registered Office shown on the records of the INCORPORATING SERVICES, LTD	ne Floric	la Dept. of Sta	ste:	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	য়	<del></del>	
		1540 GLENWAY DR		4		
		TALLAHASSEE	32301	 		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> United Agent Group Inc. <u>NEW Registered Office Address.</u>				
		11380 Prosperity Farms Road #221E		<del></del>	_	
		Palm Beach Gardens FL	3341	כ	•	
th ag	ie cha gent r as/w ie art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability of the li limited	gistered offi company, it mited liabil I liability ec	ce and the business office of the registers; is hereby confirmed that the change(s) ity company or as otherwise provided in impuny.  rison, Attorney-in-Fact	
T proces	Signa here rovis ne ob vner orifie	inite of a member or anthoused representative of a member by accept the appointment as registered agent and age inst of all stanties relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change  Donna Harmsott, Special Secretary	ree to a perfor d for in hereby	ct in this ca mance of m i Cheoter 60 conjirm the	Printed or typed name of signee appacity. I further agree to comply with the y duties, and I am familiar with and access. F.S. Or, if this document is being file at the limited liability company has been	

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