P06000055639

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbaggeo FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: 12000000195
REFERENCE	: 611950 7838690
AUTHORIZATION	: Spulselenan
COST LIMIT	: \$ 35.00
ORDER DATE : April 24, 2017	
ORDER TIME : 3:50 PM	•
ORDER NO. : 611950-010	
CUSTOMER NO: 7838690	
CHANGE OF AG	<u>GENT</u>
NAME: HIGHWINDS NETW	WORK GROUP, INC.
PLEASE RETURN THE FOLLOWING AS CERTIFIED COPY XX PLAIN STAMPED COPY	PROOF OF FILING:

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT#

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607. ange is submitted for a corp or to change its registered a	oration organized unde	r the laws of th	e State of Florida	
1. The name of	the corporation: Highwinds	Network Group, Inc.		-	
	office address: 2021 McKii		00, Dallas, Texa	as 75201	
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 04/1	9/2006 Doo	cument number	P06000055639	
	I street address of the current trient of State: (If resigned		egistered office	e on file with the	
	Thomas S. Miller		······································		
	807 W Morse Blvd, Suite	101			. 22
	Winter Park, FL 32789				
6. The name and (if changed):	street address of the new r	egistered agent (if chang	ged) and /or reg	ristered office	2011 APR 24 APR
	Corporation Service Comp	oany			対象量で
	1201 Hays Street				76 8 2k
	Tallahassee	P.O. Box NOT acceptable	FL 32301		Set C
	ss of its registered office as be identical. s authorized by resolution e board, or the corporation				
	1. Mhu	Lance Cr		CEO	
	of an officer or director		Printed or typed i		
hereby confirm in Corporation By:	the appointment as register to comply with the provision my duties, and I am familia to document is being filed me that the corporation has been Service Company	red agent and agree to is of all statutes relative with and accept the overeity to reflect a change in notified in writing of	act in this cape e to the proper bligation of m ge in the registe f this change	ncity. and complete position as regi- ped office addres	stered is, I
f signing on beh	alf of an Emily Croft	V	, ,		
	ed or Asst Avice President	lent			

* * * FILING FEE: \$35.00 * * *