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Phone : (888)705-7274 Fax Number : (888)706-7274	· · ·	· · ·
	**Forter the email address for this husiness entity to be used for future.	
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REGISTERED AGENT CHANGE HIGHWINDS NETWORK GROUP, INC.

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COVER LETTER

TO: A

Amendment Section Division of Corporations

15129570210

Highwinds Network Group, Inc.

Name of Corporation

DOCUMENT NUMBER:

P06000055639

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo		
Name of Contact Person		
Registered Agent Solutions, Inc.		
Firm/Company	······································	
1701 Directors Blvd, Suite 300		
Address		
Austin, Texas 78744		
City/State and Zip Code		
E-mail address: (to be used for future annual r	eport notification)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, ple	ease call:	
Mary Castillo	31 (888	, 705-7274

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Name of Contact Person

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Area Code & Daytime Telephone Number

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

statement of cha	provisions of sections 607.05 unge is submitted for a corpor	ration organized i	ınder the la	ws of the State of	- Florida	
I. The name of t	the corporation: Highwin office address: 2021 MC	ids Networ	k Grou	p, Inc.	Florida.	
	one dances.					
_	iddress (if different):			5000		
4. Date of incorp	poration/qualification: $\frac{4/15}{2}$	9/2006	Document	number: P060	000556	39
	d street address of the current rtment of State: (If resigned, o		and register	ed office on file v	vith the	
	CORPORATION	<u>ON SERV</u>	ICE C	OMPAN'	<u>Y</u>	
	1201 HAYS STREET				2	2
	TALL.,		FL	32301		100 131 21
6. The name and (if changed):	d street address of the new rep			V		
	155 Office Plaz	za Dr.	Suite A	4	TATE	 2 9
	Tallahassee	P.O. Box NOT	эссерхэвк 323(01	_	
The street address changed will	ess of its registered office an be identical.	d the street addre	ess of the bi	usiness office of	its registered	agent,
Such change wa authorized by the	as authorized by resolution on the board, or the corporation	luly adopted by i has been notified	ts board of I in writing	directors or by a of the change.	n officer so	
/s/ Sherri R	re of an officer or director	· Sh	erri Rus	SSEII	Authorized	d Person
I hereby accept I further agree of my duties, an document is bei corporation ha	the appointment as register to comply with the provision ad I am familiar with and ac- ing filed merely to reflect a c s been notified in writing of	ed agent and agr is of all statutes r cept the obligation change in the reg this change.	ree to act in relative to to on of my pos istered offic	this capacity he proper and co sitton as register ce address. I here	emplete perfor ed agent. Or, eby confirm th	mance if this at the
Hod	partite of Registered Agent	0	1/21/20			
				Date		
	chalf of an entity:					
	Assistant Secretary yped or Printed Name					
•		FILING FFF · S	35 (M) * * *			