P10000057182

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| İ | | |

Office Use Only



100250562591

08/14/13--01010--024 **35.00

RARDON8 10 8 DO13

COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Networked Connections Fnc. Name of Corporation | | |
| DOCUMENT NUMBER: P10000057182 | | |
| 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: | | |
| Heidi Boyles Name of Contact Person Greenspoon Marcler, P.A. Firm/Company 201 E. Pine St. Suite 500 Address Orlando, FL. 3280 1 City/State and Zip Code heidi. boyles egmlaw. Com E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Holly Hughes at 407, 590-3588 Name of Contact Person Area Code & Daytime Telephone Number | | |
| Name of Contact Person Area Code & Daytime Telephone Number 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 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida. |
|--|
| Notional Connections |
| 1. The name of the corporation: NET Warked Control of the corporation of the corporatio |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 7/9/10 Document number: 1000005718. |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| Corporation Service Company |
| 1201 Hays Street |
| Tallahassee, Fr. 32301 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Streen Spaon Marder P. A. |
| Greenspoon Marder, P.A. 201 E. Pine St. Suite 500 P.O. Box NOT acceptable |
| P.O. Box NOT acceptable P.O. Box NOT acceptable |
| Orlando Fl. 32801 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| HOLLY Hughes DTR Signature of an officer projector Printed or types hame and title |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to camply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Signature of Registered Agent 8/8/1/3 |
| If signing on behalf of an entity: |
| Heidi Boyles Typed or Pripled Name |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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