## 

(Requestor's Name)				
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PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
	J. HORNE JUL 13 2023			

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 864081 8419722

AUTHORIZATION: June Belle man

COST LIMIT : \$\int 25..00

ORDER DATE : July 11, 2023

ORDER TIME : 9:40 AM

ORDER NO. : 864081-005

CUSTOMER NO: 8419722

## CHANGE OF AGENT

NAME: TELYRX, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR 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.

1.	Name of the limited liability company: TELYRX, LLC	· · · · · · · · · · · · · · · · · · ·	
2. (a	)	(b)	)
(4.	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(8)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	500 MCLENNAN STREET		900 PEARL STREET SUITE 300
	CLEARWATER, FL 33756		BOULDER, CO 80302
	10/26/2022	L	L22000461786
3.	Date of filing/registration in Florida	4.	Document number
5. (a	ı)		
	Registered Agent and Registered Office shown on the records of HINES, VIRGINIA	the Florida I	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	1
	500 MCLENNAN STREET		SEC ALL
	CLEARWATER	33756	SECRLIA SECRLIA
(p	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	l Office addr	dress:
	NEW Registered Office Address:		<del></del>
	1201 Hays Street		
	Tallahassee, FL	32301	
chang agent was/v	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered ability com of the limit	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
	/s/ Thomas McKinney	Thom	mas McKinney, Member
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
provi. the ol to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address. It ed in writing of this change.	ree to act in performan d for in Ch hereby con,	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
	s/Grace E. Kirby	Gra	race E. Kirby, Asst Vice President
Signa	ture of Registered Agent		