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JUN 2 9 2020

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appe	ears on the records of the Flor	rida Department of		
State: Neutral Connect Networks LLC				
Enter new principal office address, if applicable	:			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:			77. 79	
(Mailing address			3	
<u>MAY BE A POST OFFICE BOX</u>)		 		
2. The Florida document number of this limited	liability company is: M1600	0006255	<u>ः</u>	
3. Jurisdiction of its organization: Delaware				
4. Date authorized to do business in Florida: 10	0/30/2017			
SECTION II (5-9 complete only the applicab	le changes)			
5. New name of the limited liability company: (n	nust contain "Limited Liabilit	y Company, " "L.L.C	" or "LLC.")	
(If name unavailable, enter alternate name adop copy of the written consent of the managers or must contain "Limited Liability Company," "L.	managing members adopting	ting business in Flor the alternate name. T	ida and attach a The alternate name	
6. If amending the registered agent and/or registered agent and/or the new registered office	tered officer address on our n e address hore:	ecords, enter the nam	ie of the new	
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter F	lorida Street Addres	s	
	Florida			
-	City		Zip Code	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a the provisions of all statutes relative to the propand accept the obligations of my position as regionant is being filed to merely reflect a charliability company has been notified in writing of	igent and agree to act in this per and complete performanc gistered agent as provided for ige in the registered office ad	re of my duties, and 1 r in Chapter 605, F.S	am familiar with 5. Or, if this	
	f Changing Registered Agen	1. Signature of New I	 Registered Agent	

tle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action	
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aforementioned an	ficate, if required; no more than 90 (nendment(s), duly authenticated by the law of which this entity is organ	the official having custody of records in thized.	⊏Remo	

Filing Fee: \$25.00



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NEUTRAL CONNECT

NETWORKS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "CONNECTIVITY NETWORKS, LLC" ON THE TWENTY-FIFTH DAY OF

OCTOBER, A.D. 2019, AT 7:31 O'CLOCK P.M.



Authentication: 203140834

Date: 06-19-20

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