## L22000535814

| (Requestor's Name)                      |
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| (Address)                               |
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| (/ (ddlc33)                             |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Sounds Link) resite)                   |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2025 FEB 17 PM 2: 59

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 975926 8357825 AUTHORIZATION : COST LIMIT : \$ 25. ORDER DATE: February 11, 2025 ORDER TIME : 9:32 AM ORDER NO. : 975926-098 CUSTOMER NO: 8357825 CHANGE OF AGENT NAME: CPGMS MIAMI TOWER LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_\_\_ CERTIFIED COPY PLAIN STAMPED COPY

EXAMINER: \_\_\_\_\_

CONTACT PERSON: Shauna Godbolt -- EXT#

## 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. N  | ame of the limited liability company: CPGMS MIAN  | II TOWER  | LLC   | <u> </u>   |                     |                    |  |  |
|---|---|---|---|--|---------------------|--------------------|--|--|
| 2. (a)  |   | (t  | o)  |  |                     |                    |  |  |
| , ,   | Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)   |   | (b)   |  |                     |                    |  |  |
|   | 5355 TOWN CENTER ROAD SUITE 350   |   | 5355 TOWN CENTER ROAD SUITE 350                         |  |                     |                    |  |  |
|   | BOCA RATON, FL 33486  |   | BOCA RATON, FL 33486                                    |  |                     |                    |  |  |
|   | L22000535814  |   | L2200053  | 35814  |                     |                    |  |  |
| 3.  | Date of filing/registration in Florida  | 4.  |   | Document number  |                     | -                  |  |  |
| 5. (a)  | ·   |   |   |  |                     |                    |  |  |
| v. ()   | Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM  | of the Florida  | i Dept. of Sta  | te:  |                     |                    |  |  |
|   | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |   |   | _ ;;   | 202<br>77.L         |                    |  |  |
|   | 1200 SOUTH PINE ISLAND ROAD   |   |   | ;<br><u>2</u>  | ≥.                  | 2025 FEB           |  |  |
|   | PLANTATION I  | 33324   |   |  | GIT AHASSEE FLORIDA | 8                  |  |  |
|   |   |   |   | ŗ  | 77.<br>77.          | PH                 | Ti   |  |
| (b)   | Enter name of NEW Registered Agent and/or NEW Register  | ed Office ad  | dress:  |  | _', .<br>⊇;-        | 5                  | $\bigcirc$                                     |  |
|   |   |   | <del></del>   | Ę  |                     | <b>59</b>          |  |  |
|   | Corporation Service Company   |   |   | _  |                     |                    |  |  |
|   | NEW Registered Office Address:  |   |   |  |                     |                    |  |  |
|   | 1201 Hays Street  |   |   | _  |                     |                    |  |  |
|   | Tallahassee I   | FL  |   | _  |                     |                    |  |  |
| change<br>agent<br>was/w                        | limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the   | ne registere<br>liability co<br>s of the lim              | ed office an<br>impany, it i<br>iited liabilit          | nd the business office<br>is hereby confirmed<br>ty company or as oth  | e of tl<br>that t   | he regi<br>.he cha | stered<br>nge(s)                               |  |
|   | /S/ Brett Schwenneker   |   |   | Brett Schwenneker, Authorized Person   |                     |                    |  |  |
| I here<br>provis<br>the ob<br>to mer<br>notifie | ture of a member or authorized representative of a member by accept the appointment as registered agent and a tions of all statutes relative to the proper and complet ligations of my position as registered agent as provia tely reflect a change in the registered office address, d in writing of this change.  The of Registered Agent | gree to act<br>te performe<br>led for in C<br>I hereby co | in this cap<br>ance of my<br>Thapter 602<br>onfirm that | Printed or typed name pacity. I further agreduties, and I am fam 5, F.S. Or, if this douthe limited liability of the liability | 20 10 0             | comply             | with the<br>nd accept<br>ring filed<br>is been |  |
|   | E. Kirby, Asst. Vice President  |   |   |  |                     |                    |  |  |