I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. SIGNATURE: MICHAEL T BROWNE SECRETARY

Current Principal Place of Business:

4190 BELFORT ROAD SUITE 475 JACKSONVILLE, FL 32216

Current Mailing Address:

ATTN: LEGAL 333 SOUTH SEVENTH STREET 2700 MINNEAPOLIS, MN 55402 US

FEI Number: 47-1254702

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD 2200 PLANTATION FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

() **D** () . .

Authorized Person(s) Detail :			
Title	MGR	Title	SECRETARY
Name	BUDNICK, CHRISTY	Name	BROWNE, MICHAEL T.
Address	4190 BELFORT ROAD, SUITE 475	Address	333 SOUTH SEVENTH STREET 2700 MINNEAPOLIS MN 55402
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	

DOCUMENT# L14000102144

Entity Name: FLORIDA NETWORK PROPERTY MANAGEMENT, LLC

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

04/13/2018

Date

FILED Apr 13, 2018 Secretary of State CC3445002036

Electronic Signature of Signing Authorized Person(s) Detail

Date