

Corporate 13056752871 p.1
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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

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**REGISTERED AGENT CHANGE
TREASURE ISLAND COLOCATION, LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

T. CLINE

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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

74.10000006863.3.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: TREASURE ISLAND COLOCATION, LLC ☐
2. (a) Principal office address of limited liability company: 1395 BRICKELL ☐
(Note: MUST BE STREET ADDRESS) SUITE 800 ☐
MIAMI FL 33131 ☐
- (b) Mailing address of limited liability company: 1395 BRICKELL ☐
(Note: MAY BE POST OFFICE BOX) SUITE 800 ☐
MIAMI FL 33131 ☐

- 04/29/2008 L08000042763
3. Date of filing/registration in Florida
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: FLORIDA R.A. SERVICES, LLC

Registered Office Address: 10208 CUTTEN GREEN CT
TAMPA FL 33615 US

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: A1A REGISTERED AGENT INC.

NEW Registered Office Address: 5647 110TH AVENUE NORTH
(MUST BE FLORIDA STREET ADDRESS) ROYAL PALM BEACH FL 33411

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

MICHAEL J. OSZUST
 (Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Tina Maki Tina Maki President
 (Signature of Registered Agent)

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