1/300/R556/

| (Requestor's Name) | | | | | | |
|---|----------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Ad | dress) | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Office Use Only



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06/08/17--01028--015 **300.00

2017 JUN -8 PH 3: 54
SECRETARY OF STATE

K. SALY JUN - 9 2017

COVER LETTER

| - | sion of Corporations | | | | | |
|-----------------------------------|--|-------------------|--|--|--|--|
| SUBJECT: | Qypsys Tower Services, LL | С | | | | |
| - 02020-1 | Name of Limited Liability Company | | | | | |
| Dear Sir or N | Madam: | | | | | |
| The enclosed | Registered Agent/Registered Offi | ice Change and | fee(s) are submitted for filing. | | | |
| Please return | all correspondence concerning the | is matter to the | following: | | | |
| Rick Alvar | ez | | | | | |
| | Name of Person | | | | | |
| Older, Lun | dy and Alvarez | | | | | |
| | Firm/Company | | _ | | | |
| 1000 West | Cass Street | | | | | |
| | Address | | _ | | | |
| Tampa FL | 33606 | | | | | |
| | City/State and Zip Code | | | | | |
| cvanvalkini | ourg@growthcg.com | | | | | |
| E-mail a | address: (to be used for future annu | ial report notifi | cation) | | | |
| For further in | formation concerning this matter, | please call: | | | | |
| Katherine E | Bernard | 813 | 283-1930 | | | |
| | Name of Person | (| Area Code & Daytime Telephone Number | | | |
| Regis Divisi Clifto 2661 | EET/COURIER ADDRESS: tration Section ion of Corporations in Building Executive Center Circle hassee, Florida 32301 | Reg Div P.O | dilling ADDRESS: gistration Section ision of Corporations Box 6327 lahassee, Florida 32314 | | | |
| Enclo | sed is a check for the following a | amount: | | | | |
| 2 \$25 | 5 Filing Fee | □ \$5 | 5 Filing Fee & Certified Copy | | | |

INHS18 (2/14)

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. | Na | ame of the limited liability company: Qypsys Towe | r Serv | ices, LLC | <u> </u> |
|------------------------------------|---------------------------------------|--|--|--|--|
| 2. | (a) | 5510 N Hesperides Street | (| _{b)} same | |
| | (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ ` | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | Tampa, FL 33614 | | | |
| | | | | | |
| | | 9/25/2013 | | L13000 | 125561 |
| 3. | | Date of filing/registration in Florida | 4. | | Document number |
| 5. | (a) | Rick Alvarez | | | |
| | ` | Registered Agent and Registered Office shown on the records of t | he Floric | la Dept. of St | ale: |
| | | 3014 West Palmira Ave, Suite 202 | ·· - · | | _ As |
| | | Registered Office Address (MUST BE FLORIDA STREET A | <u>DDRES</u> | <u>:S)</u> | FILED 2011 JUN-8 PH 3:54 SECRETARY OF STATE TALLAHASSEE, FLORIO |
| | | Tampa , FL | 33629 |) | RETARY OF SHARSSEE, F |
| (| (b) | Rick Alvarez | | | FLOR |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office a | ddress: | Ör F |
| | | 1000 West Cass Street | | | _ |
| | | NEW Registered Office Address: | | | |
| | | Tampa , FL | 33606 | 6 | |
| the age: was | cha nt w :/we | imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | the reg bility of the lindimited | istered offi company, it nited liabil | ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. |
| | - | ure of a member or authorized representative of a member | | | Printed or typed name of signee |
| I he pro the to n noti | erel visio obli iere fied | by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change. | ee to ac perforn I for in ereby c | et in this ca nance of m Chapter 60 confirm tha | pacity. I further agree to comply with the y duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed at the limited liability company has been |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent