## L14000102144

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(During Falib. Name)					
(Business Entity Name)					
(Document Number)					
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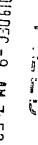
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 6, 2019

Order#: 076958/116

Re: FLORIDA NETWORK PROPERTY MANAGEMENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## STA'TEMENT 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	me of the limited liability company: FLORIDA NETV	NORK P	ROPERTY MANAGEMENT, LLC
2.	(a)	4190 Belfort Road, Suite 475	(b)	Attn: Legal Department
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	` `	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
				333 S. 7th Street, 27th Floor
		Jacksonville FL 32216	_	Minneapolis, MN 55402
		06/26/2014		L14000102144
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:
		1200 S. Pine Island Road		. 20
		Registered Office Address (MUST BE FLORIDA STREET)	<u> ADDRESS</u>	2019 DEC
		2200		
		Plantation FL	. 33324	9
	(b)	Corporation Service Company		Tress:
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:
		1201 Hays Street		
		NEW Registered Office Address:		
		Tallahassee , FL	, 32301	
the ag wa the	e cha ent v is/we e arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liese authorized by an affirmative vote of the members of clessof organization or the operating agreement of the	the regis ability co of the lim limited l	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company.  Silmi, Authorized Person
	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
pr the to no	ovisi e obl mere tified	by account the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered opent as provide ely reflect a change in the registered office address, I do writing of this change.  The of Registered Agent Corporation Service Company	performe d for in C hereby co	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been mi M. Casper, Asst. Vice President
		e corporation service company	124. (1	in in Casper, risse, vice i resident