

MD3000001248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

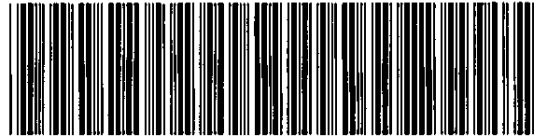
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700311908807

FILED

2018 APR 23 A 10:55
TALLAHASSEE, FLORIDA

2018 APR 23 PM 1:54
TALLAHASSEE, FLORIDA

RECORDED

11/21/18



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 4/23/18

Name: KEN HOWELL

Reference #: C021488

Entity Name: FLORIDA TOWER PARTNERS, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

ISSUES - CALL KEN @
518-213-0738

2018 APR 23 A 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Authorized Amount: \$25.00

Signature: _____



COGENCYGLOBAL



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 4/23/18

Name: KEN HOWELL

Reference #: C021488

Entity Name: FLORIDA TOWER PARTNERS, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

ISSUES - CALL KEN @
518-213-0738

FILED
2018 APR 23 A 10:55
TALLAHASSEE, FLORIDA

Authorized Amount: \$25.00

Signature: [Handwritten Signature]

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. Name of the limited liability company: FLORIDA TOWER PARTNERS, LLC

2. (a) <u>1001 3RD AVENUE WEST</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	(b) <u>1001 3RD AVENUE WEST</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>Suite 420</u>	<u>Suite 420</u>
<u>BRADENTON, FL 34205</u>	<u>BRADENTON, FL 34205</u>

3. <u>04/21/2003</u> Date of filing/registration in Florida	4. <u>M03000001243</u> Document number
--	---

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

1201 HAYS STREET
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

TALLAHASSEE, FL 32301-2525

(b) COGENCY GLOBAL INC.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4
NEW Registered Office Address:

Tallahassee, FL 32301

FILED
 2018 APR 23 A 10:55
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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.

<u>/s/ Gail Buteau</u> Signature of a member or authorized representative of a member	<u>Gail Buteau</u> 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 605, 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.

/s/ Tim Mayville
Signature of Registered Agent **Tim Mayville, Assistant Secretary**

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