M0500000 7029

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		4			

Office Use Only



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COVER LETTER

Division of Co	rporations				
SUBJECT:	Industrial Tower and Wireless, LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Register	ed Agent/Registered	Office C	hange and	fee(s) are submitted	for filing.
Please return all corres	spondence concerning	g this ma	tter to the f	following:	
	falissa Daniels				
	Name of Person				
	e Filing Solutions, L	LC			
425 Boy	Iston Street, 3rd Flo	oor	. ,		
· . · ·			ķ ,	. ·t	
Bo	ston, MA 02116				
	/State and Zip Code				
mdaniels	Ofilingsmadeeasy.	com			
E-mail address: (to be u	sed for future annual report	notification)		
For further information	n concerning this mat	tter, pleas	se call:		
Malissa	Daniels	at (888)	237-341	0
Name of	Person		Area C	Code & Daytime Telephone	e Number
STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, Flo	oorations Center Circle		Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, Florida 32314	
Enclosed is a	check for the followi	ing amoi	ınt:		
\$25 Filing F	'ee		\$55 Fil	ing Fee & Certified	Сору

TO: Registration Section

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: Industrial Tower and Wireless, LLC					
2. (a) Principal office address of limited liability company	: 40 Lone Street				
(Note: MUST BE STREET ADDRESS)	Marshfield, MA 02050				
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	40 Lone Street Marshfield, MA 02050				
(Note: MAY BE TOST OFFICE BOX)	Mai Simeld, MA 02000				
12/22/2005	M05000007029				
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:	Corporate Filing Solutions, LLC				
Registered Office Address:	7630 Lago Del Mar Drive, STE. 10 Boca Raton, FL 33433				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: Corporate Filing Solutions, LLC NEW Registered Office Address: 155 Office Plaza Drive, Suite A					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive, Suite A Tallahassee ,FL32301				
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. Thomas B. Rosedale, Secretary					
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company Corporate Filing Solutions, LLC	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.				

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

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