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SECRETARY OF STATE

C. LEWIS

JUL 23 2014

EXAMINER

COVER LETTER

Division of Corporations				
Industrial Tower and Wireless, L	LC			
	Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Ch	hange and fee(s) are submitted for filing.			
Please return all correspondence concerning this mat	tter to the following:			
Jerry Howell				
Name of Person				
Corporate Filing Solutions	`			
Firm/Company				
906 W. 2nd Ave. Suite 100				
Address				
Spokane, WA 99201				
City/State and Zip Code				
research@LLCagent.com				
E-mail address: (to be used for future annual re	eport notification)			
For further information concerning this matter, pleas	se call:			
Jerry Howell	857 453-3698			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

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.

l.	Name of the limited liability company: Industrial To	ower and Wire	eless, LLC
2. (a	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	40 LONE STREET		
	MARSHFIELD, MA 02050		
	08/13/2013	M05	5000007029
3.	Date of filing/registration in Florida	4.	Document number
5. (a) CORPORATE FILING SOLUTIONS, LLC		
J. (Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	155 OFFICE PLAZA DR SUITE A		7 Visi
	TALLAHASSEE , 1	_{FL} 32301	JUL TOKE I
(1	b)		-7
(1	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:	AH 10: 51
	CORPORATE FILING SOLUTIONS		: 2+ 11048
	NEW Registered Office Address:		
	3030 N. Rocky Point Drive, STE 150A		
	Tampa	_{FL_} 33607	
the c agen was/	e limited liability company is not organized under the change or changes are made, the Florida street address at will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member articles of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the operating organization or the operating agreement of the operating organization or the operating organization organization organization organization organization organization organization organiz	of the registered lliability compar s of the limited l	doffice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Sig	gnature of a member or authorized representative of a member		Printed or typed name of signee
prov the c to m	reby accept the appointment as registered agent and a visions of all statutes relative to the proper and comple obligations of my position as registered agent as provi- erely reflect a change in the registered office address, fied in writing of this change	ngree to act in the ele performance ded for in Chapt I hereby confiri	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been
Ci~-	State of Registered Agent	Dan Keen	- Manager
Pign	ature of Registered Agent		-