M12000001368

(Requestor's Name)				
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nai	me)		
(Document Number)				
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: April 10, 2017

Order#: 573422-007

Re: TAMPA MICROWAVE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Tecora Bell

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX ___ Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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. (a)	12160 Race Track Road	(b)	
	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa FL 33626		
	03/09/2012	M	12000001368
	Date of filing/registration in Florida	4.	Document number
. (a)	C T CORPORATION SYSTEM		
()	Registered Agent and Registered Office shown on the reco	ords of the Florida Dep	pt. of State:
	1200 SOUTH PINE ISLAND ROAD		=4
	Registered Office Address (MUST BE FLORIDA STI	REET ADDRESS)	2 APP 12 SE
	PLANTATION	FL <u>33324</u>	P+4
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered 1201 Hays Street NEW Registered Office Address:	istered Office addrey	1 LORIUS
	Tallahassee	. FL 32301	
he cha gent v vas/we	imited liability company is not organized under tange or changes are made, the Florida street addrivill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memories of organization or the operating agreement of the properties.	ess of the registere ited liability composers of the limited of the limited liabi	ed office and the business office of the registere any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.
Signat	ture of a rember or authorized representative of a member	Jill Cilm	ni, Authorized Person Printed or typed name of signee
l herel rovisi he obli o mere	by accept the appointment as registered agent an ons of all statutes relative to the proper and con igations of my position as registered agent as prely reflect a change in the registered office address in writing of this change.	nd agree to act in a nplete performance ovided for in Cha ess, I hereby confi	this capacity. I further agree to comply with the