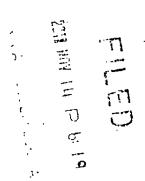
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088 Date: November 14, 2018 **KEN HOWELL** Name: 1008703 Reference #:____ Entity Name: NEW PORT TAMPA PROPERTY, LLC Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion] Merger Dissolution/Withdrawal] Fictitious Name Other

Authorized Amount:

\$25.00



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

Account#: 120000000088

Date: November 14, 2018 **KEN HOWELL** Name:_ 1008703 Reference #:____ Entity Name: NEW PORT TAMPA PROPERTY, LLC Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion] Merger Dissolution/Withdrawal Fictitious Name

Authorized Amount:

Other ____

\$25.00

Signature:

o,

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. Na	ame of the limited liability company:	NEW PO	PORT TAMPA PROPERTY, LLC
		(b)	o)
(_,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ \-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	40 DANBURY ROAD	_	40 DANBURY ROAD
	WILTON, CT 06897		WILTON, CT 06897
	03/11/2013		M13000001553
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMP.	ANY	
J. (a)	Registered Agent and Registered Office shown on the records of the	e Florida I	a Dept. of State:
	1201 HAYS STREET		57
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	<u> </u>
	TALLAHASSEE .FL	3230 ⁻	01-2525
	, FL_		7 11
(b)	COGENCY GLOBAL INC.		
	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	
	115 North Calhoun Street, Suite 4		,*
	NEW Registered Office Address:		
			
	Tallahassee , FL	32	2301
the cha agent v was/we	limited liability company is not organized under the laws ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liabers.	he regist pility cor the limit	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	/S/ Marc Porosoff		Marc Porosoff
_	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obl to mere notified	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect and this change in the registered office address, I hi d in writing of this change	e to act i erforma for in Ci ereby coi	in this capacity. I further agree to comply with the ance of my duties, and I am Jamiliar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been

Signature of Registered Agent Tim Mayville, Assistant Secretary

/S/ Tim Mayville