3/10/2021

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE IWG TOWERS ASSETS I, LLC

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To: 18506176383 Page: 3 of 3 2021-03-10 13:55:56 CST 12122023573 From; Kimberly Laughrey

$_3$ 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 N | ame of the limited liability company: [IWG Towers Ass | ets I, LLC | | | |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------|
| | | | | | |
| 2. (0) | Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limi | ited liability company OST OFFICE BOX) | ; |
| | 1199 N Fairfax St STE 700 | 1 ! | 99 N Fairfax St. STE 700 | | |
| | Alexandria, VA 22314 | | lexandria, VA 22314 | | |
| | 63/14-2013 | Ml | 3000001660 | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | er | |
| | COGENCY GLOBALING | | | | |
| 5, (a) | Registered Agent and Registered Office shown on the records of | the Florida De | pt of State | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | | | |
| | 115 NORTH CALHOUN STREET SUITE 4 | | | | |
| | TALLAHASSEE , FI | 32301 | | 2021 | |
| (b) | C.T. Corporation System | | | 2021 HAR 10 | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | d Office addre | i 2 . | 10 M12:18 | |
| | NEW Registered Office Address: | | • | 951 151 | **. |
| | 1200 South Pine Island Road | <u></u> | | ਕ ^{ਾਰ} ਦਰ | |
| | Plantation, FI | 33324 L | | | |
| the chagent | limited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | of the register lability composition of the limited liab | pany, it is hereby confirmed thability company or as confirmed that it is not company or as confirmed that it is company. | ed that the change(otherwise provided | (s) |
| | Ist Christine Brennan | Christin | ne Brennan, Assistant Secreta | | |
| I her provi the of to me notifi By | inture of a member or authorized representative of a member who accept the appointment as registered agent and as sions of all statutes relative to the proper and completeligations of my position as registered agent as provided rely reflect a change in the registered office address, led in writing of this change. C T Corporation System Ist Michele Holden, Asst Sectuary of Registered Agent. | gree to act in e performan led for in Chi I hereby conj | Printed or typed na this capacity. I further as ce of my duties, and I am j apter 605, F.S. Or, if this firm that the limited liabili | iaree to comply wil | th the accept giled een |
| | | | | | |