F To: Page 2 of 3	2017-05-12 12:09:37 CST 12122023573 From: K								
5/12/2017	Division of Corporations Division of Corporations Division of Corporations Division of Corporations Division of Corporations								
•	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.								
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	From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845								
	<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre>								
	LLC REGISTERED AGENT CHANGE PI TELECOM INFRASTRUCTURE, LLC								
RECEIVE	Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge \$25.00	4449 3 1 1 Transa 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
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12122023573 From: Kimberly Laughrey

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. Name of the limited liability company: PITELECOMINFRASTRUCTURE, LLC

2. (a)		_ ((b)					
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		(b)					:14:1
	200ParkAvenue.9thFloor	200ParkAvenue.9thFloor						
	NewYork.NY10166	NewYork,NY10166						
	10/9/2013		M13000006401					
3.	Date of filing/registration in Florida	4.		Document number			·	
5. (a)								
	Registered Agent and Registered Office shown on the records of the COBB,KOLLEENO.P.	e Flori	da Dept. of Stat	e.				
	Registered Office Address AUST BE FLORIDA STREET AD	DRES	<u>\$\$)</u>	~	_			
	2855LEJEUNEROAD4THFLOOR					17		
	CORAL GABLES, FL_32	31.34		-		NWN	••••••• ••••	
	,,, _,, _			-		\overline{N}		
(b)	Enter name of NEW Registered Agent and/or NEW Registered O			••	-			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	nice a	<u>aares</u> : บ๊า			ie Fr		
	CTCorporationSystem		.,		يە بەر م	н СП		۱ <i>۰۰</i> ۰
	NEW Registered Office Address:			-	, 1			
	1200SouthPineIslandRoad			_				
	Plantation , FL_3	3324		_				
the cha agent v was/we the arti	imited liability company is not organized under the laws nge or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited liabi- ere authorized by an affirmative vote of the members of t cles of organization or the operating agreement of the lir flow flow.	ie reg ility c the lin nited	istered office company, it is mited liabilit	e and the business off s hereby confirmed th y company or as othe npany. n,Member	fice of hat the grwise	the reg change provide	istered	
				Printed or typed name o	~			
I herei provisi the obl to merc notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f by reflect a change in the registered office address, I her I in writing of this change.	to ac rforn or m reby c	et in this cap nance of my Chapter 602 confirm that	acity. I further agree duties, and I am fumi 5, F.S. Or, if this doc the limited liability c	e to col liar wi ument ompan	nply wi ih and is beim iy has b	th the accept g filed een	
$\left(\right)_{\alpha}$	かりへ James M Halnin							
Signatu	Assistant Secretary							

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25,00

By