3/10/2021

2021-03-10 13:57:10 CST

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From: Kimberly Laughrey

Division of Corporations

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

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## LLC REGISTERED AGENT CHANGE IWG TOWERS ASSETS II, LLC

Certificate of Status	0
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Page Count	02
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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

l. Na	ame of the limited liability company: [WG Towers Asso	ets II, LLC				
				<u> </u>		
	Principal office address of linited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limite (Note: MAYBE POS			
	1199 N Fanfax St. STE 700	1	199 N Fairfax St STE 700			
	Alexandria, VA 22314	<i>,</i>	Mexandria, VA 22314			. <b>_</b> - <del></del>
	06/12/2013	М	15000004648			
3.	Date of filing/registration in Florida		Document number		<del>-</del>	
- , ,	COGENCY GLOBALING					
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State			
	Registered Office Address (MUST BE FLORIDA STREET.	4DDRESS)	<del></del>			
	115 NORTH CALHOUN STREET SUITE 4			, ~	20	
	TALLAHASSEE, FI	32301	<u></u>	:: 41.	021 HAR 10	•
d. v	CT Corporation System			17.7. 17.7.7.	₹0 0	···
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	232	4 m 100 140	13 64	
				924	<u></u>	ί
	NEW Registered Office Address:			ម៉ូក់	<del>CII</del>	
	1200 South Pine Island Road					
	Plantation FI	33324				
the chagent	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ws of the S f the registe lability cont of the limit c limited lia	tate of Florida, it is hereby cored office and the business of pany, it is hereby confirmed ed liability company or as of bility company.	that the ch herwise pro	ange(s	)
	/s/ Christine Brennan	Christ	ine Brennan, Assistant Secretar			
Sign	ature of a member or authorized representative of a member		Printed or typed nam		de wiek	tha
provi: the ob- to met	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provid- rely reflect a change in the registered office address. I ed in writing of this change. CT Corporation System	ree to act i e performa ed for in C hereby coi	n this capacity. I further ay nee of my duties, and I am fa napter 605, F.S. Or, if this d ifirm that the limited liability	ree to comp miliar with ocument is v company i	and ac heing ) has hec	the scept filed in
By:	/s/ Michele Holden, Asst Sect					
الكاللجاد	min or reducerous richam					