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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To:

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:_____

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LLC REGISTERED AGENT CHANGE INSITE TOWERS DEVELOPMENT 2, LLC

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\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

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.

I. Na	me of the limited liability company: InSite Towers E	Development 2, LLC
(w)	Principal office address of limited fiability company: (<u>Note: MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1199 N Fairfax St. STE 700	1199 N Fairfax St. STE 700
	Alexandria, VA 22314	Alexandria, VA 22314
	09/12/2018	M18000008364
3,	Date of filing/registration in Florida	4. Document number
\$ (a\	COGENCY GLOBAL INC.	
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept. of State: TADDRESS) FL 32301 red Office address:
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)
	115 NORTH CALHOUN STREET SUITE 4	
	TALLAHASSEE,	FL 32301
(b)	C T Corporation System	Land Her
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:
	NEW Registered Office Address:	
	1200 South Pine Island Road	
	Plantation	FL 33324
the cha agent v	imited liability company is not organized under the ange or changes are made, the Florida street address	laws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in
	/s/ Christine Brennan	Christine Brennan. Assistant Secretary
-	ture of a member or authorized representative of a member	Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and a ions of all statites relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, af in writing of this change. CT Corporation System	agree to act in this capacity. I further agree to comply with the ele performance of my duties, and I am familiar with and accept ided for in Chapter 605, F.S. Or, if this document is being filed , I hereby confirm that the limited liability company has been
By:	Isl Michele Holden, Asst Sect	
.нуна0		D. Boy 6327a Tallahassan FI 32314