M18000011418

| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscqlobal.com

Date: June 25, 2019

Order#: 797157-165

Re: WPB FCC LICENSE SUB, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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. N | ame of the limited liability company: WPB FCC LICE | NSE SUE | B. LLC | | | | |
|---------------------------------------|--|--|--|---|---|------------------------------|--|
| 2. (a) | 701 Northpoint Parkway | (b) 701 Northpoint Parkway | | | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | | ddress of limited liability company: MAY BE POST OFFICE BOX) | | |
| | Suite 500 | ···· | Suite 500 | | | | |
| | West Palm Beach, FL 33407 | · · · · · · · · · · · · · · · · · · · | West Palm Beach, FL 33407 | | | | |
| | 12/18/2018 | | M1800001 | 1418 | | | |
| 3. | Date of filing/registration in Florida | 4. | 1. | Document number | | | |
| 5. (a) | CT CORPORATION SYSTEM | | | | | | |
| | Registered Agent and Registered Office shown on the records of | the Florida | Dept, of State; | | | | |
| | 1200 SOUTH PINE ISLAND RD. | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | (DDRESS) | | | | | |
| | | | | | 201 | | |
| | DIANTATION | 20224 | | | 2019 JUN 27 | , 21 , | |
| | PLANTATION FL | 33324 | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 1.]] | |
| (b) | Corporation Service Company | | | | 27 | za | |
| (17) | Enter name of NEW Registered Agent and/or NEW Registered | Office add | ress; | .: | PH | 1.1 | |
| | | | | · · · | | | |
| | 1201 Hays Street | | | ~~ | 52 | | |
| | NEW Registered Office Address: | | | | | | |
| | Tallabareaa | 22204 | | | | | |
| | Tallahassee | 32301 | | | | | |
| the cha agent was/w | limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of iclest of organization or the operating agreement of the | the regist ability con of the limi | ered office a npany, it is l ted liability | and the business of hereby confirmed to company or as oth | ffice of th that the c | ne registered hange(s) | |
| | Jill Cilmi, Authorized Person | | | | | | |
| | iluro of a member or authorized representative of a member | | | rinted or typed name | | | |
| provis the ob to mer notifie | by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It d in writing of this change. | performa d för in C | nce of my di hapier 605. | aies, and Lam fam F.SOr, if this doc | illiar with cument is | h and accep : being filed | |
| Signati | ne of Registered Agent Corporation Service Company | BY: Gr | ace E. Kirb | y, Assistant Vicc | : Preside | nt | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00