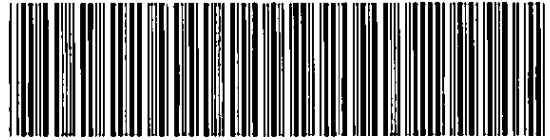


M20000006804



600355427726

(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.

Office Use Only

RECEIVED  
2020 NOV 19 PM 12:31  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2020 NOV 19 AM 10:18  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

NOV 20 2020



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 11/18/2020

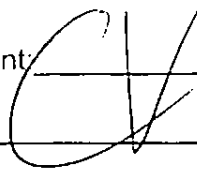
Name: Chris Vick

Reference #: 1279081

Entity Name: TOWERCOM VII-B, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

Authorized Amount:                     \$25.00

Signature: 

**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: TOWERCOM VIII-B, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)*

No Change

No Change

August 4, 2020

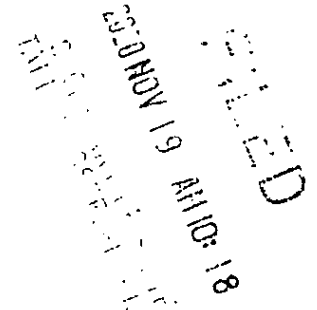
M20000006804

3. \_\_\_\_\_ Date of filing/registration in Florida 4. \_\_\_\_\_ 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 Road  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Plantation, FL 33324



(b) COGENCY GLOBAL INC.  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun St., Suite 4  
NEW Registered Office Address:

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ David Olson  
 Signature of a member or authorized representative of a member

David Olson  
 Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

/s/ Sean Honan  
 Signature of Registered Agent

**Sean Honan, Assistant Secretary**  
 Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
 FILING FEE: \$25.00