

MA 2000001112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

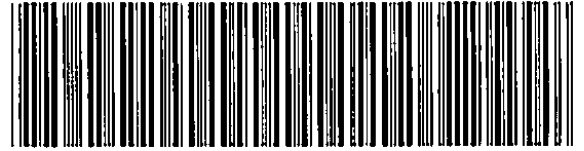
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



300356565263

2020 DEC 16 PM 12:39  
TALLAHASSEE, FLORIDA

2020 DEC 16 AM 9:50

DEC 1, 2020



**COGENCYGLOBAL**

115 N CALHOUN ST., ST  
TALLAHASSEE, FL 3230  
866.625.0838  
COGENCYGLOBAL.CC

Account#: I20000000088

Date: **December 16, 2020**

Name: **KEN HOWELL**

Reference #: **12/16/2020**

Entity Name: **CENTRAL STATES TOWER DEVELOPMENT III, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

**ISSUES? CALL  
KEN:  
518-213-0738**

Authorized Amount: **\$25.00**

Signature: \_\_\_\_\_

• CORPORATE HQ  
COGENCY GLOBAL INC  
10 E 40 ST, 10 FL  
NY, NY 10016  
800.771.0107  
+1.212.947.7200

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTRY #20602  
6 BEVIS MARKS, 11 FL  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
INFINITUS PLAZA, 12TH FL  
199 DES VOEUX RD CENTRAL  
HONG KONG  
+852.3975.1803

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Central States Tower Development III, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

April Pearce

Name of Person

Eversheds Sutherland (US) LLP

Firm/Company

1114 Avenue of the Americas, 40th Floor

Address

New York, New York 10036

City/State and Zip Code

aprilpearce@eversheds-sutherland.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Pearce

Name of Person

at ( 212 ) 389-5002

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Central States Tower Development III, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M2000001112

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 4, 2020

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, Florida  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

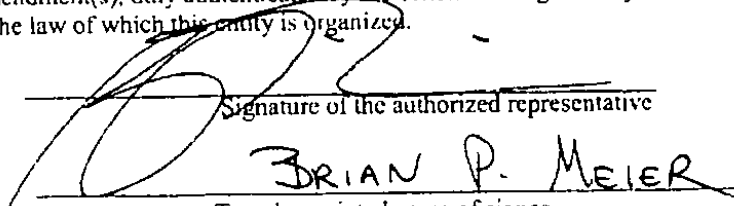
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Brian Meier	323 South Hale Street, Ste. 100	<input type="checkbox"/> Add
		Wheaton, Illinois 60187	<input checked="" type="checkbox"/> Remove
Manager	William Marraccini	422 Fleming Street, Office 5	<input type="checkbox"/> Add
		Key West, Florida 33040	<input checked="" type="checkbox"/> Remove
Manager	William Wade	323 South Hale Street, Ste. 100	<input type="checkbox"/> Add
		Wheaton, Illinois 60187	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative  
BRIAN P. MEIER  
Typed or printed name of signee

Filing Fee: \$25.00