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(((H24000079398 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

| mail | Address: |  |  |  |  |
|------|----------|--|--|--|--|
|      |          |  |  |  |  |

# LLC REGISTERED AGENT CHANGE FULLWAVE TOWER & BROADCAST, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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## H24000079398 3

### **COVER LETTER**

| TO:      |                     | istration Section<br>sion of Corporations  |                  |  |  |  |  |
|----------|---------------------|--|------------------|--|--|--|--|
| SUBJ     | ECT:                | FULLWAVE TOWER & BROAI   | OCAST, LLC       |  |  |  |  |
|          |                     | Name of Limited Liability Company  |                  |  |  |  |  |
| Dear S   | Sir or N            | dadam:   |                  |  |  |  |  |
| The er   | relosec             | Registered Agent/Registered O  | ffice Change a   | and fee(s) are submitted for filing.   |  |  |  |
| Please   | return              | all correspondence concerning  | this matter to t | he following:  |  |  |  |
| Alicia   | Richar              | ds   |                  |  |  |  |  |
|          |                     | Name of Person   |                  |  |  |  |  |
| Regist   | ered A              | gent Solutions, Inc.   |                  |  |  |  |  |
|          |                     | Firm/Company   |                  | adul soutere   |  |  |  |
| Corpoi   | rate Ce             | nter One, 5301 Southwest Pkwy, St  | e 400            |  |  |  |  |
|          |                     | Address  |                  |  |  |  |  |
| Austin   | , TX 78             | 8735   |                  |  |  |  |  |
|          |                     | City/State and Zip Code  |                  |  |  |  |  |
| <u>F</u> | E-mail              | address: (to be used for future a  | nnual report no  | otification)   |  |  |  |
| For fu   | rther is            | nformation concerning this matte   | er, please call: |  |  |  |  |
| Alicia   | Richar              | ds   | 888<br>at (      | 705-7274   |  |  |  |
|          |                     | Name of Person   |                  | Area Code & Daytime Telephone Number   |  |  |  |
|          | Reg<br>Divi<br>P.O. | ling Address:<br>istration Section<br>ision of Corporations<br>Box 6327<br>ahassee, FL 32314 |                  | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |  |  |
|          | Encl                | losed is a check for the following   | ig amount:       |  |  |  |  |
|          | □ \$2               | 25 Filing Fee  | ٦                | \$55 Filing Fee & Certified Copy   |  |  |  |

#### 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.

| 2. (a)                      | 2527 BRYANT STREET   | (b)   | (b) 2527 BRYANT STREET  |   |                            |                    |           |  |
|-----------------------------|--|---|---|---|----------------------------|--------------------|-----------|--|
| _, ,,                       | Principal office address of limited hability company:<br>(Note: MUST BE STREET ADDRESS)  |   | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) |   |                            |                    |           |  |
|                             | DENVER, CO 80211   |   | DENVER,   | CO 80211                                    | <del></del>                |                    |           |  |
|                             | 2/4/2022   |   | M220000019  | 907   | -                          |                    |           |  |
| 3.                          | Date of filing/registration in Florida   | 4.  | 1   | Document nur                                | nber                       |                    |           |  |
| 5. (a)                      | C T CORPORATION SYSTEM   |   |   |   |                            |                    |           |  |
| ()                          | Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD   |   |   |   |                            |                    |           |  |
| (b)                         | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |   |   |   |                            |                    |           |  |
|                             | PLANTATION   |   | L AH  | 2024 FEB                                    | T                          |                    |           |  |
|                             | Registered Agent Solutions, Inc.   | ASSE  |   | 28  | ILEL                       |                    |           |  |
|                             | Enter name of NEW Registered Agent and/or NEW Register   |   | 元.<br>五.  | 71  |                            |                    |           |  |
|                             | 2894 Remington Green Ln.   |   | LAHASSEE FLORIO   | PM 3: 53                                    |                            |                    |           |  |
|                             | NEW Registered Office Address:   |   |   |   |                            |                    |           |  |
|                             | Ste. A   |   |   |   |                            |                    |           |  |
|                             | Tallahassee , ,  | L_32308   |   |   |                            |                    |           |  |
| change<br>agent v<br>was/we | imited liability company is not organized under the lear changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the | aws of the S<br>he registered<br>liability cor<br>of the limi | I office and<br>apany, it is<br>ted liability                                 | the business of<br>hereby confirmation or a | office of the med that the | register<br>change | ed<br>(s) |  |
| 181                         | FullWave Holding Co. LLC   | FullV   | vave Holding  | g Co. LLC F                                 | ullWave H                  | olding             | Co. L     |  |

| FullWave Holding Co. LLC                                       | FullWave Holding Co. LLC | FullWave Holding Co. |  |
|--|--------------------------|----------------------|--|
| Signature of a member or authorized representative of a member | Printed or ty            | ped 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 Jamiliar 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.

Mackenzie Hibler, Asst. Secretary Signature of Registered Agent