## M22000003287

(R	lequestor's Name)	
(A	kddress)	
Α)	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
([	Occument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



600417975436

2023 OCT 26 FH 12: 4

RECEIVED

DIRECTOS S OFFILE VISION OF CORPORATIONS ALL AMASSEE, FLORIDA



## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE10/26/2023		WALK	IN**
ENTITY NAME FENO	GATE TOWERS US I, LLC		
DOCUMENT NUMBE	ER		
	**PLEASE FILE THE ATTACHED AND RETURN**		
<u>xxxxxxxxx</u>	Plain Copy Certified Copy		
	Certificate of Status	20	
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	2023 OCT 26 F	ASSON OF COM
	Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Inclading Annual Reports) Certificate of Status	PM 12: 40	SEE 당시 이번
	Certificate of Status Reflecting:		<del>_</del>
	**APOSTILLE' / NOTARIAL CERTIFICATION**		
COUNTRY OF DESTIN NUMBER OF CERTIFIC	CATES REQUESTED		
TOTAL OWED \$ 25.0	OO ACCOUNT # 120160000072	入	W
Please call Tina at	the above number for any issues or concerns. Thank you so much!	/	

## **COVER LETTER**

	legistration Section Division of Corporations				
SUBJEC	FENGATE TOWERS US I, LLC				
	Name of Limited Liability Company				
Dear Sir o	or Madam:				
The enclo	osed Registered Agent/Registered Offi	ee Change and	I fee(s) are submitted for filing.		
Please ret	turn all correspondence concerning thi	s matter to the	following:		
Brad C					
	Name of Person		<del></del>		
Harbor Co	ompliance				
	Firm/Company		<del></del>		
1830 Colo	onial Village Lane				
	Address		<del></del>		
Lancaster,	PA 17601				
	City/State and Zip Code				
bealix@ha	arborcompliance.com				
E-m	nail address: (to be used for future ann	aal report noti	fication)		
For furthe	er information concerning this matter,	please call:			
Brad C		717 _ at (	210-5263		
	Name of Person		Area Code & Daytime Telephone Number		
R E P	Aailing Address: Degistration Section Division of Corporations 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		
E	nclosed is a check for the following	amount:			
	S25 Filing Fee	□ s	55 Filing Fee & Certified Copy		
INHS18 (2	2/14)				

## 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. N	ame of the limited liability company:  FENGATE TOW	ERS US	I, LLC	
2. (a)	241 Atlantic Blvd Ste 201	a	n)	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Neptune Beach, FL 32266			
	03/03/2022		M220000	03287
3.	Date of filing/registration in Florida COGENCY GLOBAL INC.	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of 115 NORTH CALHOUN ST	the Florida	a Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET) Suite 4	ADDRESS	<u></u>	
	TALLAHASSEE , FI	32301		2023
(b)	Registered Agents Inc  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office ad	ldress:	2023 OCT 26 PM 12:
	NOW Business 100% of 11 to 12			P#12: <b>40</b>
	NEW Registered Office Address: 7901 4th St N Ste 300			
	St. Petersburg , FL	33702		
change agent was/w the art	limited liability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the s/ Steven Sokalsky	registere ability co of the lim limited I	ed office a impany, it iited liabil	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Signa	nture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have a writing of this change.	ce to act performe d for in C hereby ca	in this ca ance of m Thapter 60 onfirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed at the limited liability company has been
Signate	David Roberts  ore of Registered Agent			