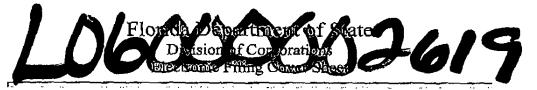
Division of Corporations

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(((H16000292321 3)))



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## LLC REGISTERED AGENT CHANGE

TOWER REAL ESTATE INVESTMENT SERVICES, LLC

Certificate of Status	0
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Page Count	01
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## H160002923213

## 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.	Na	me of the limited liability company: TOWER R	EAL ES	TA —	TE INVE	STMENT SERVIC	ES, L	LC	
2.	(a)	•		(b)					
	<b>()</b>	Principal office address of limited liability company: (Note: MIST BE STREET ADDRESS)		ζ-,		failing address of limited (Note: MAY BE POST			:
		1191 S. TOLEDO BLADE BLVD.			1191 S.	TOLEDO BLADE	BLVD	).	
		NORTH PORT, FL 34288			NORTH	PORT, FL 34288			
		01/09/2006		Į	_0600000	2619			
3.		Date of filing/registration in Florida	4.			Document number			
5.	(a)								
		Registered Agent and Registered Office shown on the record SPIEGEL & UTRERA, P.A.	is of the Flor	lda I	Dept. of State	:			
		Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE	<b>SS</b> )			5		
		1840 SW 22ND ST., 4TH FLOOR					캻	ਲੋ	
		MIAMI	FL 33145				ON/ISION OF CORPORATIONS	AON	77
		•					3F (	29	<u></u>
	<b>(p)</b>	Enter name of NEW Registered Agent and/or NEW Regist	ered Office	հիո	ress:		ĝi Es		m
			<u></u>	***			ģ,	A	humani 1 , 1
		DAVID A. HOLMES, ESQ.					3.4	ည ငဲခ်	مييه
		NEW Registered Office Address:				•	Ors.	<u>ين</u>	
		99 NESBIT STREET							
		PUNTA GORDA	, FL_3396	50					
the ag we the	ent vis/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the memberes of organization or the operating agreement of	es of the re ed liability ers of the ! I the limite	gis co: limi d li	tered office many it is	e and the business off s hereby confirmed the y company or as othe opany. DLMES	ice of that the rwise p	the registrated the control of the c	stered s)
	•	ture of a member or authorized representative of a member			_	Printed or typed name of	_		
pr the to	here ovisi e obl mer title	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as prolly reflect a change in the registered office address in the writing of this change.	l agree to plete perfo vided for i s, I herebj	act rma n C v co	in this cape ince of my chapter 605 infirm that	acity. I further agree duties, and I am fami i, F.S. Or, if this doc the limited liability of	to con liar wi ument ompan	nply wil th and d Is being y has be	h the accept filed sen
(Si	gnatu	re of Registered Agent	-						
			A			YET 20244			

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