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PICK-UP	WAIT MAIL	
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D. BRUCE

MAR 3 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tower 702, LLC (Name of Limite	d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Matt Thompson	
(Name of Person)	
National Registered Agents, Inc. (Firm/Company)	
11600 College Boulevard, Suite 210	FILED 09 MAR 30 PM 3: 03 ALLAHASSEE, FLORIDA
(Address)	SEE.
Overland Park, KS 66210	PM 3:0
(City/State and Zip Code)	03
For further information concerning this matter, ple	ease call:
Matt Thompson at (800) 550-6724 ext. 503
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
 ✓ \$25 Filing Fee	☐ \$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 608.416 or 608.508, 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. The name of the limited liab	ility company is: Tower 702,	LLC		
2. The mailing address of the li	imited liability company is: j	9060 S.W. 67th Avenue		
Pinecrest, FL 33156-1710 US	_			
06/08/2007		L07000060692		
	P12 J -			
3. Date of filing/registration in	Florida	4. Document number		
5. The name of the registered at Florida Department of State:		address as shown on the i	records of the	
CFR	A, LLC			
· · · · · · · · · · · · · · · · · · ·	Name			
4221	W. Boyscout Blvd., 10th Floor			
762	Address			
T			됬	
<u>i am</u>	pa, FL 33607-5736 US City, State and Zi	<u>n</u>	FF 09	
	City, State and Zi	P	> 2 3 2	
6. The name and address of the	new registered agent and/or of	office:	HAR 30	
NRA	l Services, Inc.			
	Name		THE PR	
2731	Executive Park Drive, Suite 4		S	
	rida street address (P.O. Box l	NOT acceptable)	PH 3: 03	
West	ton FL 33331			
	City, State and Zip		P	
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. (Signature of a member of authorized representative of a member)				
FRED	Y DECLIS			
(Printed or typed name of signee)				
I hereby accept the appointment comply with the provisions of a and I am familiar with and accompler 608, F.S. Or, if this do address, I hereby confirm that it NRAI Services. Inc. by mai Transform (Signature of Registered Agent)		ree to act in this capacity. er and complete perform tion as registered agent a ty reflect a change in the has been notified in writin	I further agree to ance of my duties, is provided for in registered office ng of this change.	
Matt Thompson Assistant Secre	stary Corporations, P.O. Box 632:	7, Tallahassee, FL 3231	4	

FILING FEE: \$25.00