# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: AMY TORRES

Electronic Signature of Signing Authorized Person(s) Detail

#### DOCUMENT# L18000248900

#### Entity Name: TOWERS CAPITAL GROUP INVESTMENTS LLC

### **Current Principal Place of Business:**

1809 E BROADWAY ST SUITE 303 OVIEDO, FL 32765

# **Current Mailing Address:**

1809 E BROADWAY ST SUITE 303 OVIEDO, FL 32765 US

# FEI Number: 83-2215495

# Name and Address of Current Registered Agent:

TORRES, JOSE L 1809 E BROADWAY ST SUITE 303 OVIEDO, FL 32765 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

| SIGNATURE                     | : JOSE L TORRES                          |                 |                            | 02/23/2024 |
|-------------------------------|--|-----------------|----------------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                            | Date       |
| Authorized Person(s) Detail : |  |                 |                            |            |
| Title                         | MEMBER                                   | Title           | MEMBER                     |            |
| Name                          | TORRES, JOSE                             | Name            | TORRES, AMY                |            |
| Address                       | 1809 E BROADWAY ST SUITE 303             | Address         | 1809 E BROADWAY ST SUITE 3 | 03         |
| City-State-Zip:               | OVIEDO FL 32765                          | City-State-Zip: | OVIEDO FL 32765            |            |

d that my electronic signature shall have the same legal effect as if made under

MEMBER

# FILED Feb 23, 2024 Secretary of State 1683204731CR

Certificate of Status Desired: Yes

02/23/2024 Date