L070000064345

(Requestor's Name)		
(Address)		
,		
(Address)		
(City/State/Zip/Phone #)		
<u>_</u>		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(2.0		
(Document Number)		
Certified Copies Certificates of Status		
Consideration to Filling Officer		
Special Instructions to Filing Officer:		
A 1 1 1 A 1995		
A. LUNT		
JUL 25 2011		
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EXAMINER

Office Use Only



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07/22/11--01011--019 **25.00

COVER LETTER

Division of Corporations		
SUBJECT: MG TOWER LLC Name of Limited Liability Company		<u> </u>
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted	l for filin	ıg.
Please return all correspondence concerning this matter to the following:		
Name of Person		
Jacob Real Estate Services Firm/Company	SECRE	7 July 105
1007 West Bay Street Address	TARY OF SASSEE, FL	122 PM B
Tampa, FL. 33606 City/State and Zip Code	ORIDA	# C
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		
Jacob Real Estate at (813) 258-32 Name of Person Area Code & Daytime Telephon	O O e Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32314		٠.
Enclosed is a check for the following amount:		·
\$25 Filing Fee \$Certified INHS18 (5/08)	Сору	

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. Name of the limited liability company:	Tower, IIC
2. (a) Principal office address of limited liability company:	600 Geveland Street
(Note: MUST BE STREET ADDRESS)	tt 100 Clearwater, FL. 33755
(b) Mailing address of limited liability company:	13400 BIShops LANE
(Note: MAY BE POST OFFICE BOX)	Suite 50 Brookfeild IWI 53005
$\frac{10 \int 19 \int \partial 010}{3. \text{ Date of filing/registration in Florida}}$	<u>LD700064345</u> 1. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	MLG Management, LL
Registered Office Address:	2480 Cypress fond Road Pain Harbor, FL. 34683
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	M.D. Luetgert 1409 W. Swann Ave.
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company. Signature of a member of authorized representative of a member M. D. Luet act Receive Printed or typed name of signee I hereby accept the appointment as registered agent and agrouply with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my positions of the company in the problem of the company of the com	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization

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