# LII 000059880

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### COVER LETTER

	Registration Section Division of Corporations					
SUBJE	CT: SEVEN LXX, LLC					
0000	Name of Limited Liability Company					
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered Office (	Change and fe	ec(s) are submitted for filing.			
Please re	eturn all correspondence concerning this m	atter to the fo	llowing:			
Carol S	S. Waxler, Esq.					
	Name of Person	_	-			
Alley, I	Maass, Rogers & Lindsay, P.A.					
	Firm/Company		-			
1331 S	SE Ocean Boulevard					
	Address		-			
Stuart,	FL 34996					
	City/State and Zip Code		-			
dfmacr	neil@macneil.com					
E-1	mail address: (to be used for future annual	report notifica	ation)			
For furtl	her information concerning this matter, ple	ase call:				
Carol S	S. Waxler	772 at (	287-4404			
-	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	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314			
	Enclosed is a check for the following am	ount:				
	■ \$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy			

INHS18 (2/14)

LAW OFFICES

## ALLEY, MAASS, ROGERS & LINDSAY, P.A.

1331 S.E. OCEAN BOULEVARD STUART, FL 34996-2621 (772) 287-4404 FACSIMILE (772) 287-4044

PALM BEACH OFFICE:

340 ROYAL POINCIANA WAY

Suite 321 P.O. Box 431

PALM BEACH, FL 33480-0431 Tel. (561) 659-1770 FAX: (561) 833-2261

November 4, 2019

Registration Section Florida Division of Corporations P. O. Box 6327

Tallahassee, FL 32314-6327

#### **VIA USPS PRIORITY MAIL**

Re: SEVEN LXX, LLC - Document No. L11000059880

Dear Sir/Madam:

CAROL S. WAXLER

CWAXLER@AMRL.COM

Enclosed please find a Cover Letter and the **original**, executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for SEVEN LXX, LLC, to be filed with the Division of Corporations. I have also enclosed check number 1668 issued to the Florida Department of State in the amount of \$25.00 representing the filing fee.

If you have any questions or require anything further in this regard, please do not hesitate to contact this office. Thank you.

Sincerely,

Pam Cowham,

Paralegal

/pac

enclosures

# 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: SEVEN LXX,	LLC					
2. (a)	300 South Wacker Drive		(b) 300 South Wacker Drive				
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		lailing address of ( <u>Note: MAY Bi</u>		-	
	Suite 2200		Suite 220	00	· · · · · · · · · · · · · · · · · · ·		
	Chicago, IL 60606	_	Chicago,	IL 60606			
	05/20/2011		L1100005	9880			
3.	Date of filing/registration in Florida	4.		Document nui	mber		
5. (a)	FLORIDA FILING & SEARCH SERVICES, I	NC.					
-/· (u)	Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DRIVE	the Flori	da Dept, of State	:			
	Registered Office Address (MUST BE FLORIDA STREET A	<u> 4DDRE</u>	<u>SS)</u>				
	TALLAHASSEE , FL	3230	1		TAL TAL	201	
(b)	David MacNeil				CRETA LAHAS	- AON 6102	Ti
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 84 Isla Bahia Drive	Office :	<u>(ddress</u> :		RY OF S	σ	
	NEW Registered Office Address:				STATE	81:11 MA	O
	Fort Lauderdale	3331	6				
the cha agent was/we the arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable at the earthorized by an affirmative vote of the members of cless of organization or the operating agreement of the ture of a member or authorized representative of a member observed the appointment as registered agent and agreems of all statutes relative to the proper and complete	the regability of the limited D	gistered office company, it is mited liability I liability com avid F. Mac	and the busing hereby confirmation or a pany.  Neil  Printed or typed points. I further	ness office or med that the as otherwise name of sign	of the rhe charse prov	registered age(s) ided in
notifiec 	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I if I writing of this change.	d for it hereby	i Chapter 605, confirm that t	, r.s. Or, if the he limited lial	us docume bility comp	nt is be any ha	nng filed is been