

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000292322 3)))



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Division of Corporations

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From:

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LLC REGISTERED AGENT CHANGE TOWER INVESTMENT HOMES, LLC

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K. SALY

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## H160002923223

## 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	une of the limited liability company: TOWER INVE	STME	ΞΝ	T HOME	S, LLC
				b)		
	(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	-,	λ	Nailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		1191 S. TOLEDO BLADE BLVD.		_	1191 S.	TOL <b>FD</b> O BLADE BLVD.
		NORTH PORT, FL 34288	<u>.                                    </u>	_	NORTH	PORT, FL 34288
		09/27/2016		L	1600018	30483
3.		Date of filing/registration in Florida	4.		-	Document number
5.	(a)					
	\- <sub>7</sub>	Registered Agent and Registered Office shown on the records of the MICHAEL R. MCKINLEY, ESQ.	he Florid	ia L	ept. of State	¢
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					•	
	223 TAYLOR STREET				<b>72</b>	
		PUNTA GORDA , FL	33950	)		FILED 2016 NOV 29 MIII: 40 SECRETARY OF STATE TALLAH ASSEE, FLORIDA
	۵.					N 29
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					SEA TO	
						PF STATE
		DAVID A. HOLMES, ESQ.	<u></u>			유고 :
		NEW Registered Office Address:				
		99 NESBIT STREET		_		
		PUNTA GORDA ,FL	33950	)		
the ag	e cha ent v	imited liability company is not organized under the law inge of changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of loles of organization or the operating agreement of the	the regionability of the limited	iston mit l lia	ered office apany, it is ed liability	and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in apany.
_	Signa	ture of a member or authorized representative of a member		- V	1D A. 11C	Printed or typed name of signee
I pr th to	here ovis obi mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ignitions of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change.	nertorn	HA	tee of my o	acity. I further agree to comply with the
Si	gnati	re of Registered Agent				

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