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## **COVER LETTER**

Division of Corporations	
Tower Investment Flomes, LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Sara Castro Potts, Esquire	
Name of Person	
Castro Potts Law Firm, PLLC	
Firm/Company	<del></del>
14864 Tamiami Trait, Unit A-205	
Address	·- <del></del>
North Port, FL 34287	
City/State and Zip Code	<del></del>
scastro@castropotts.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Sara Castro Potts	941 300-9595
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	t:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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.

l.	Na	ame of the limited liability company: Tower Investment	Home	es, I	LC_	
	(a)	14864 Tamiami Trail		(b	DO Day 3	88051
_,	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Unit A-205		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		North Port, FL 34287	<del>-</del> -		Murdoek,	FL 33938
		09/27/2016		!	.16000180	483
3.		Date of filing/registration in Florida Sara Castro, Esquire	4.			Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the 99 Nesbit Street  Registered Office Address (MUST BE FLORIDA STREET A)				
		MOST BE FLORIDA STREET A.	<u>DDKE</u>	<u> </u>	•	
		Punta Gorda, FL <sup>2</sup>	3950			FIL 2021 NOV 23 SECRLLARAS TALLAHAS
	(b)	Castro Potts Law Firm, PLLC				TILE OV 23 AM
		Enter name of NEW Registered Agent and/or NEW Registered C	Office	add	ress:	SS T
		1990 Main Street				7:20 7:27
		NEW Registered Office Address:				- 0 •
		Suite 750				-
		Sarasota, FL_	34236			_
ena age was the	nge nt w s/we artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the limited of a member or authorized representative of a member by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete points of all statutes relative to the proper and complete points.	egiste ility of the li mited Sa	crec con mit l lia	l office and pany, it is ed liability contacts astro Potts	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.  Printed or typed name of signee
	2	ons of all statutes relative to the proper and complete positions of my position as registered agent as provided playing the registered agent as provided playing the registered office address. I he writing of this change.	főr in reby	CF cor	iaptér 605. Jirm that i	. F.S. Or, if this document is being filed the limited liability company has been
Sigi	fatur	e of Registered Agent				