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Special Instructions to	Filing Officer:	
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O SIMMONS SEP 05 2019



September 4, 2019

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: SEVEN LXX685, LLC Ref. Number: L19000169538

corrected order of We have received your document for SEVEN LXX685, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 619A00018139

Octavia L Simmons Regulatory Specialist II Supervisor

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	SEVEN LXX685, LLC		
0000		ne of Limited Liab	oility Company
Dear S	ir or Madam:		
The en	iclosed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the fo	llowing:
TINA	GOFF		
	Name of Person		-
Sunsi	hine State Corporate Compliance	Company	
	Firm/Company		-
3458	LAKESHORE DRIVE		
	Address		-
TALL	AHASSEE, FL 32312		
	City/State and Zip Code	_	.
SUNS	SHINECORPORATE2014@GMAI	L.COM	
E	E-mail address: (to be used for future ann	ual report notific	ation)
For fur	rther information concerning this matter,	please call:	
TINA	GOFF	850	656-4724
	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	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314
	Enclosed is a check for the following	amount:	
	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy
INHS18	8 (2/14)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOF LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compan 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 LXX68	35 		·				····
2.	(a)			(b)				<u> </u>	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			N	Mailing address (Note: MAY		•	
		84 ISLA BAHIA DRIVE			300 S. W	ACKER D			
		FORT LAUDERDALE, FL 33316	_ ,		CHICAG	O, IL 6060	16		
			-						
		JUNE 28, 2019		L	.1900016	9538			
3.		Date of filing/registration in Florida	4.	_		Document n	umber		
5.	(a)	SUNSHINE CORPORATE FILING OF FLORI	IDA,	IN	C.				
	()	Registered Agent and Registered Office shown on the records of the 3458 LAKESHORE DRIVE	e Flor	ida l	Dept. of State	:	;-,	13	
							74- -::	35	
		Registered Office Address (MUST BE FLORIDA STREET AL	<u>DDRE</u>	<u>(SS)</u>				ا ا	Ē.
		TALLAHASSEE · 3	3231	2			i	- E	
		, FL_		_			أنا يتمو	ج۔ ح۔	
	(b)	Sunshine State Corporate Compliance Compa	any				نان حز	=	
	(9)	Enter name of NEW Registered Agent and/or NEW Registered O	Office	add	ress:				
		NEW Registered Office Address:							
the ago wa	cha ent v s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of	he reg pility the I	gist cor imi	ered office npany, it is ted liability	and the busi hereby conf company or	iness offici irmed tha	ce of t it the c	he registered change(s)
uic	alti	cles of organization or the operating agreement of the li			· ·	ipany. 3. GOFF, F	REG AC	SENIT	-
s	ignat	ure of a member or authorized representative of a member	_			Printed or type			
pro the to i	ovisi obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I he writing of this change.	e to a erfor for in ereby	ict i mai i Ci coi	n this capa nce of my a hapter 605, nfirm that t	icity. I furth luties, and I (F.S. Or, if (he limited lid	er agree i am famili this docu ability co	to com ar wit ment i mpany	ply with the h and accep s being filed has been
Sig	natu	re of Registered Agent							