Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	so will generate another cover sheet.	≥.
To:	•	;> - ₁₄
	Division of Corporations	正で 20-7
	Fax Number : (850)617-6383	HASSEF
From:		ا ا
	Account Name : HARVARD BUSINESS SERVICES, INC.	71
	Account Number: I20080000045	
	Phone : (302)645-7400	(1) (1) (1)
	Fax Number : (302)645-1280	\$ 1 m
16	the email address for this business entity to be unual report mailings. Enter only one email address juan@ad-cp.com	

LLC REGISTERED AGENT CHANGE 107 TOWER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

SEP 23 2016 Corporate Filing Menu Y SULKER

Help

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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

. Na	me of the limited liability company: 107 TOWER	R, LLC		ه بالمارية ويوليان بالمراورة والمارية والمراورة والمراورة والمارية والمراورة	
			b)		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	102 CENTENNIAL STREET, SUITE 201		102 CE	INTENNIAL STREET, SUITE 201	
	La Plata, MD 20646		La Plata, MD 20646		
	03/17/2016		M16000	002260	
	Date of filing/registration in Florida	4.		Document number	
(a)					
, <u>,</u> <u>, ,</u>	Registered Agent and Registered Office shown on the records of	of the Floric	la Dept, of Sta	de:	
	CORPORATION SERVICE COMPANY				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	
	1201 HAYS STREET				
	TALLAHASSEE , I	32301	i	-	
	, 1	'1 <i>'</i>		-	
(b)					
(-)	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	ddress:	16 SEP	
	ES . I . I A I			- 	
	Registered Agents Inc.			22 22 A	
	NEW Registered Office Address:			The state of the s	
	3030 N. Rocky Point Dr., STE 150A			- 53 	
	Tampa , 1	_{rr} 33607	7	80 9	
ie cha gent v as/we	imited liability company is not organized under the large or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of the	laws of th of the reg liability of s of the lin he limited	e State of F pstered offic company, it mited liabili liability co	ce and the business office of the register is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.	
		JL	JAN F VA	LDIVIESO	
•	time of a melphor of anthonned representative of a member			Printed or typed name of signee	
nerc rovisi ie obl merc otified	by accept the appointment as registered agent and a tions of all statutes relative to the proper and comple ligations of my position as registered agent as provicely ely reflect a change in the registered office address, It is writing of this change.	igree to di de perfort ded for in I hereby	nance of my Chapter 60 confirm tha	paway. I jurner agree to comply wan by duties, and I am jamiliar with and access. Or. if this document is being file ithe limited liability company has been	

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

Bill Havre, Assistant Secretary, Registered Agents Inc.