

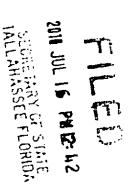
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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n ARUCE JUL 25 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: July 12, 2018

Order#: 291848-047

Re: TOWERNORTH DEVELOPMENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Arthur

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA



## 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.

	ame of the limited liability company: TOWERNORTH		OF DVAN DD OUTF #4	
2. (a)	95 RYAN DR, SUITE #1  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	RAYNHAM, MA 02767		RAYNHAM, MA 02767	
	08/14/2017		M17000006950	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	NRAI SERVICES, INC.			
()	Registered Agent and Registered Office shown on the records of	the Florida	a Dept, of State:	
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS,		
				ז
	PLANTATION FI.	33324		<u>.</u>
			SSS 5	,
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	Office add	dress:	i.
			်င္သို <b>့ လူ</b> 🛴	••
	1201 Hays Street			
	NEW Registered Office Address:			
	<u> </u>			
	Tallahassee . FL	32301		
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the the regis ability co	State of Florida, it is hereby confirmed that afte stered office and the business office of the regist ompany, it is hereby confirmed that the change(shited liability company or as otherwise provided	erec )
	/S/ JOSHUA DELMAN	JOS	SHUA DELMAN, AUTHORIZED PERSON	
Sign	ature of a member or authorized representative of a member	*****	Printed or typed name of signee	
provis the ob to me	thy accept the appointment as registered agent and agrious of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	performa d for in C	ance of my duties, ånd I am familiar with ånd ac Chapter 605, F.SOr, if this document is being f	cep. led

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

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Assistant Vice President