F12000001654

(Requestor's Name)				
	(6 d d)			
1	(Address)			
(Address)				
	(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
	_			
	(Business Entity Name)			
I	(Document Number)			
Certified Copies	Certificates of S	Status		
	_			
Special Instructions to	Filing Officer			
Opecial mandenona to	Timing Officer.			
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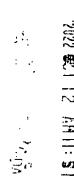
Office Use Only



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SECRED SECRETARY SECRETARY

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	10/12/2022	
Name:	Jennifer Bialowas	
	ce #:1795030	
Entity Na	sb ASSOCIATES	MANAGEMENT CO.
 Ar	rticles of Incorporation/Authorization t	o Transact Business
☐ Ar	mendment	
CI	hange of Agent	
☐ Re	einstatement	
Co	onversion	
☐ M	erger	
☐ Di	issolution/Withdrawal	
☐ Fi	ctitious Name	
	ther	·
Authorize	ed Amount: 35.00	
Signature	e:	

F: 800.944.6607

F: +852.2682.9790

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is	submitted for a corporation	617.0502, 607.1508, or 617.1508, i in organized under the laws of the S ir registered agent, or both, in the S	State of Delaware
1. The name of the co	rporation: SB /	ASSOCIATES MANA	GEMENT CO.
	address: No Change		
3. The mailing address	s (if different):		
4. Date of incorporation	on/qualification: April	18, 2012 Document number:	F12000001654
	t address of the current regi of State: (If resigned, enter	istered agent and registered office c r resigned)	on file with the
U	NIVERSAL REG	ISTERED AGENTS, IN	IC.
	1317 CA	LIFORNIA ST.	2022 OCT 12
	TALLAHAS	SSEE, FL 32304	DCT T
(if changed):	t address of the new registe	red agent (if changed) and /or regis	
<u>11</u>	5 North Calhour		
Та	llahassee, FL	Box NOT acceptable 32301	
The street address of as changed will be ide	its registered office and the	e street address of the business off	ice of its registered agent.
		adopted by its board of directors o been notified in writing of the chai	
/s/ David M. Rubir		David M. Rubin	Vice President
I hereby accept the ap I further agree to com performance of my du agent. Or, if this doci	iply with the provisions of ities, and I am familiar wit ument is being filed merely	Printed or typed no gent and agree to act in this capac all statutes relative to the proper of the and accept the obligation of my to reflect a change in the register of this change.	city. and complete position as registered
/s/ Sean Honan		10/11/2022	
Signature of Signature of Signing on behalf o	f Registered Agent f an entity:	Date	

Sean Honan, Assistant Secretary

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *