(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:						
J. HORNE						
J. HORNE OCT - 6 2023						

Office Use Only



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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 013618 8293887						
AUTHORIZATION : STELLE MAN						
COST LIMIT : \$\frac{1}{25.00}						
ORDER DATE : September 22, 2023						
ORDER DATE : Depectabel 22, 2025						
ORDER TIME : 9:39 AM						
ORDER NO. : 013618-378						
CUSTOMER NO: 8293887						
CHANGE OF AGENT						
NAME: SS WINTER GARDEN, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker						
EXAMINER'S INITIALS:						

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.

1. N	ame of the limited liability company: SS WINTER GA	RDEN,	LLC		
2. (a)	4901 Vineland Road, Suite 350	((b) 4901 Vineland Road, Suite 350		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	ORLANDO, FL 32811	_	ORLAND	OO. FL 32811	
	06/08/2006		M0600000	03162	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of COGENCY GLOBAL INC	the Florid	a Dept. of Star	le:	
	Registered Office Address (MUST BE FLORIDA STREET A	1DDRES.	<u> </u>	- 23	
	TALLAHASSEE FL	32301		3 0CT -5	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company			PH (2: 24 STATE ORIDA	
	NEW Registered Office Address:			-	
	1201 Hays Street			_	
	Tallahassee FL	32301		_	
change agent v was/w	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	register bility co f the lin	ed office an ompany, it i nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	/S/ Jill Cilmi	Jill	Cilmi, Autho	orized Person	
_	ature of a member or authorized representative of a member			Printed or typed name of signee	
Lhere provisi the obi to mer	hy accept the appointment as registered agent and agra ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act perform I for in G tereby c	t in this cap ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been	
•	Line LKubi ore of Registered Agent	Gra	ice E. Kirby	, Asst. Vice President	