(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Statu	ıs			
Special Instructions to Filing Officer:	HORNE			
0 <sub>C7</sub>	HORNE - 6 2023			

Office Use Only



300416565363

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 013618 8293887					
AUTHORIZATION: True Le man					
COST LIMIT : \$ 25.00					
ORDER DATE : September 22, 2023					
ORDER TIME : 9:36 AM					
ORDER NO. : 013618-283					
CUSTOMER NO: 8293887					
CHANGE OF AGENT					
NAME: SS OLIVE ROAD, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY 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. Na	ame of the limited liability company: SS OLIVE ROAE	D, LLC			
2. (a)	4901 Vineland Road Suite 350	a	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	_	Orlando,	FL 32811	
	11/12/2015	_	M150000	09073	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)				2	
J. (a)	Registered Agent and Registered Office shown on the records of the COGENCY GLOBAL INC.		a Dept. of Sta	23 OCT -5 AH II: 58	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			5 1	
	115 NORTH CALHOUN STREET SUITE 4			# 3	
	TALLAHASSEE . FL	32301			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> Corporation Service Company	Office ad	<u>ldress</u> :		
	NEW Registered Office Address:			_	
	1201 Hays Street			_	
	Tallahassee FL_	32301		_	
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabere are constant.	registere oility con the firm the firm the firm ited I	ed office an empany, it i nited liabilit liability con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.	
	/S/ Jill Cilmi	Jill (	Cilmi, Autho	orized Person	
	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to act perform for in C ereby co	in this cap ance of my Chapter 603 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	Mace C-Kuby re of Registered Agent		Grace E. K	irby. Asst. Vice President	