M16000001282

(Requestor's Name)						
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(Address)						
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(City/State/Zip/Phone #)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

:

ACCOUNT NO. : I2000000195							
REFERENCE: 013618) 8293887							
AUTHORIZATION :							
COST LIMIT : \$ 25.00							
ORDER DATE: September 22, 2023							
ORDER TIME : 9:38 AM							
ORDER NO. : 013618-360							
CUSTOMER NO: 8293887							
CHANGE OF AGENT							
NAME: SS VALRICO, 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.	Na	me of the limited liability company:	.C				
2. (a)	4901 Vineland Road Suite 350	C	(b) 4901 Vineland Road Suite 350			
 (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- '	υ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Orlando, FL 32811	_		Orlando,	FL 32811	
		02/16/2016	_		M1600000	01282	
3.		Date of filing/registration in Florida	4.			Document number	
5. ((a)						
. ,	()	Registered Agent and Registered Office shown on the records of the COGENCY GLOBAL INC.	ne Florid	a l	Dept. of State	- e:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-	
		115 NORTH CALHOUN ST. SUITE 4				1-10 B	
		TALLAHASSEE .FL	32301			23 OC	
(1	b)	Enter name of NEW Registered Agent and/or NEW Registered Office Corporation Service Company NEW Registered Office Address:			ress:	23 OCT -5 PH Z: 17	
		1201 Hays Street					
		Tallahassee FL_	32301			_	
chan agen was/	ige it w /we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister oility co the lin	ed on nit	l office and npany, it is ted liability	d the business office of the registered shereby confirmed that the change(s) w company or as otherwise provided in	
		/S/ Jill Cilmi	Jill	Ci	ilmi, Autho	rized Person	
Signature of a member or authorized representative of a member						Printed or typed name of signee	
prov the c to m	isie obli ere	ov accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he I in writing of this change.	e to act erform for in (ereby c	t i ar Cli ori	n this capa ace of my a apter 605 afirm that t	wity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
Drace C-Kubl					Grace E. Kirby, Asst. Vice President		
Sign	atur	e of Registered Agent					