

M16 00000 2617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

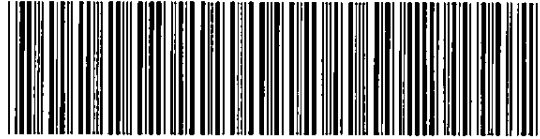
(Document Number)

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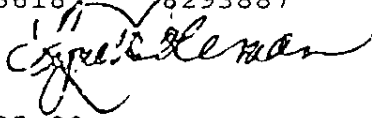


400416565354

FILED
23 OCT - 5 AM 11: 56
TALLAHASSEE, FLORIDA

RECEIVED
2023 OCT - 5 AM 11: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 013618 8293887
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : September 22, 2023
ORDER TIME : 9:35 AM
ORDER NO. : 013618-270
CUSTOMER NO: 8293887

CHANGE OF AGENT

NAME: SS NAVARRE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XXX _____ 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. Name of the limited liability company: SS NAVARRE, LLC

2. (a) 4901 Vineland Road Suite 350
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Orlando, FL 32811

(b) 4901 Vineland Road Suite 350
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Orlando, FL 32811

3. 03/29/2016 Date of filing/registration in Florida

4. M16000002617 Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

_____, FL _____

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company _____
NEW Registered Office Address:
1201 Hays Street

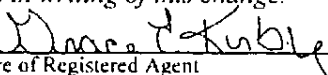
Tallahassee, FL 32301

FILED
 23 OCT -5 AM 11:56
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Jill Cilmi Signature of a member or authorized representative of a member
Jill Cilmi, Authorized Person Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Grace E. Kirby, Asst. Vice President