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R. WHITE



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: October 7, 2019

Order#: 924953-093

Re: SHM CALUSA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

<u>MX</u> Please return evidence to the following:

Attn: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA . XCOA

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: SHM CALUSA, L	.LC		
ว	(a)	14785 PRESTON RD, SUITE 975	(b)	14785 P	RESTON RD, SUITE 975
Σ.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (°,	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		DALLAS, TX 75254	-	DALLAS,	TX 75254
		02/23/2017		M1700000	1611
3.		Date of filing/registration in Florida	4.	[Document number
5.	(a)	C T CORPORATION SYSTEM			
٠.	(4)	Registered Agent and Registered Office shown on the records of th	e Florida l	Dept. of State:	
1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		PLANTATION .FL	33324		2019 007
	(b)	Corporation Service Company			- 9
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office add	ress:	
		1201 Hays Street			ာ ဆ
		NEW Registered Office Address:			8
		Tallahassee, FL_	32301		
the ag wa the	e cha ent v as/we e arti	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liable tree authorized representative of a member.	he regist bility cor the limi mited li	ered office a npany, it is ted liability ability comp ilmi, Authori	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. zed Person
					Printed or typed name of signee
pr the to no	ovisi e obl mere tifiec	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I he I'm writing of this change.	e to act i performa for in Co greby coi	in this capac nce of my di hapter 605, nfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed are limited liability company has been
Si	gnatu	re of Registered Agent Corporation Service Company	BY: Gr	ace E. Kirb	y, Asst. Vice President