N15 00002812

(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:									

Office Use Only



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08/12/15--01024--002 **25.00

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 10, 2015

Order#: 733897-030

Re: SSS BREVARD OPCO LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.

l.	Na	me of the limited liability company: SSS BREVARD	OPCO	LLC				
2.	(a)	650 Safeguard Plaza	(h)				
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Brooklyn Heights, OH 44131	-					
		04/16/2015		M1500000	02812			
3.		Date of filing/registration in Florida	4.		Document numb	er		
5.	(a)	C T Corporation System						
٦.	(4)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	- e:			
		1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	-			
						7.5		
		Plantation , FL	33324	ļ	-		15 AUG	. 4.00
	(b)	Corporation Service Company				SSE	~	\$ 341 -14
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	-		AH II:	TT:
		1201 Hays Street			_		1: 22	گر پیا
		NEW Registered Office Address:				*Zer		
					-			
		Tallahassee , FL	32301		_			
the ag wa the	e cha ent v is/we arti s/ Al	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the an Jaffa	the reginability confirmation of the limited l	stered office ompany, it is iited liability	e and the busines s hereby confirm y company or as npany. nager	s office of that the otherwise	of the he cha se prov	registered nge(s)
	Signa	ure of a member or authorized representative of a member			Printed or typed na	me of sign	iee	
pr the to no	ovisi e obl mere tifie	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been accompany of the Registered Agent Corporation Service Company	perform d for in (hereby c	ance of my c Chapter 605 onfirm that	acity. I further a duties, and I am 5, F.S. Or, if this the limited liabil opet, Asst. Vice	familiar docume ity comp	with a nt is b any he	v with the and accept eing filed as been