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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SALMON LEGAL GROUP, P.L.

Account Number: I20180000045 Phone : (786)508-2020 Fax Number : (786)209-3030

\*\*Enter the email address for this business entity to be used for fature annual report mailings. Enter only one email address please.

Email Address: filings@salmonlegal.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STP1 A-2 LLC

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|              | istration Section<br>ision of Corporations |                 |   |
| <b>-</b>     | STPI A-2 LLC                               |                 |   |
| SUBJECT:     |  | e of Limited L  | iability Company  |
| Dear Sir or  |  |                 | , , ,   |
|              |  | Čt              | Service and authorized for Gling                          |
|              | d Registered Agent/Registered Offi         |                 |   |
| Please retur | n all correspondence concerning thi        | s matter to the | following:  |
| DAVID H. S   | SALMON                                     |                 |   |
|              | Name of Person                             |                 | <del></del>   |
| SALMON I     | EGAL GROUP                                 |                 |   |
|              | Firm/Company                               |                 |   |
| 1395 BRICE   | CELL AVENUE, STE 800                       |                 |   |
|              | Address                                    |                 | <del></del>   |
| MIAMI, FL    | 33(3)                                      |                 |   |
|              | City/State and Zip Code                    |                 |   |
| FILINGS@     | SALMONLEGAL.COM                            |                 |   |
| E-mai        | I address: (to be used for future ann      | ual report noti | tication)   |
| For further  | information concerning this matter,        | please call:    |   |
| DAVID H.     | SALMON                                     | 786<br>at (     | 508-2020  |
|              | Name of Person                             |                 | Area Code & Daytime Telephone Number                      |
|              | niting Address:                            |                 | Street Address:   |
|              | gistration Section                         |                 | Registration Section                                      |
|              | vision of Corporations                     |                 | Division of Corporations The Centre of Tallahassee        |
|              | D. Box 6327<br>Hahassee, FL 32314          |                 | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303 |
| Γ-           | closed is a check for the following        | amount.         |   |
|              | \$25 Filling Fee                           |                 | 555 Filing Fee & Certified Copy                           |

## 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.

| (a)                     | 1395 BRICKELL AVENUE, SUITE 800  | (1                                 | 1395 BRIC                        | KELL AVENUE, SUITE 800   |  |
|-------------------------|--|------------------------------------|----------------------------------|--|--|
| (a)                     | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | _ ``                               |                                  | Aailing address of limited liability (Note: MAY BE POST OFFICE)  |  |
|                         | MIAMI, FL 33131  |                                    | MIAMI, FI                        |  |  |
|                         |  | _                                  | .,                               |  |  |
|                         | 11/12/2019   | -                                  | L190002808                       | 87   |  |
|                         | Date of filing/registration in Florida   | -<br>4.                            |                                  | Document number  | -  |
|                         | SLAMON LEGAL GROUP   |                                    |                                  |  |  |
| (a)                     | Registered Agent and Registered Office shown on the records of   | he Florid                          | a Dept. of State                 | -<br>::  |  |
|                         | Registered Office Address (MUST BE FLORIDA STREET)   | DDRES                              | <u>n</u>                         | -  |  |
|                         | 1395 BRICKELL AVENUE, SUITE 800  |                                    |                                  |  |  |
|                         | MIAMI , FI.  | 33131                              |                                  | -<br>-   |  |
| (b)                     | SALMON LEGAL GROUP   |                                    |                                  | 274  |  |
| (0)                     | Enter name of NEW Registered Agent and/or NEW Registered   | Office at                          | ldress:                          |  |  |
|                         |  |                                    |                                  | DEC THE PROPERTY OF THE PROPER | 19   |
|                         | NEW Registered Office Address:   |                                    |                                  |  | Rin une                                    |
|                         | 1395 BRICKELL AVENUE, SUITE 800  | ·                                  |                                  | <b>&gt;</b>  | [.]  |
|                         | MIAMI , FL   | 33131                              |                                  | A # 35   |  |
| hange<br>gent t<br>as/w | imited liability company is not organized under the law<br>e or changes are made, the Florida street address of the<br>will be identical. Or, in the case of a Florida limited line<br>ere authorized by an affirmative vote of the members of<br>icles of organization are the operating agreement of the | register<br>bility c<br>of the lir | ompany, it is<br>nited liability | orida, it is hereby confirmed<br>d the business office of the r<br>s hereby confirmed that the c<br>y company or as otherwise p  | :hange(s)                                  |
|                         | ) Ley Desce  |                                    | VID H. SAL                       | MON  |  |
| Sign                    | unite of a member of authorized representative of a member   |                                    |                                  | Printed or typed name of signee  | andro contello chino                       |
| horn                    | by accept the appointment as registered agent and agr<br>ions of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provide<br>ely reflect a change in the registered affice address, I i<br>d in writing of the change                                   | ee to ac<br>perform                | t in this cape<br>ance of my g   | acity. I further agree to com<br>duties, and I am familiar wit<br>5-5-6-16 this document i   | ply with the<br>h and accet<br>s bains flu |