	er: 32-0460631		Certificate of Status Desired:
Name and	Address of Current Registered Agent:		
1200 SOUTH	RATION SYSTEM † PINE ISLAND ROAD N, FL 33324 US		
The above nar	ned entity submits this statement for the purpose of changin	g its registered office or regis	tered agent, or both, in the State of Florida.
SIGNATU	RE:		
SIGNATU	RE: Electronic Signature of Registered Agent		
	Electronic Signature of Registered Agent	Title	AP
Authorize	Electronic Signature of Registered Agent	Title Name	
Authorize	Electronic Signature of Registered Agent ed Person(s) Detail : MGR		AP

## **Current Mailing Address:**

MIAMI, FL 33131

DOCUMENT# M1800000797

601 BRICKELL KEY DRIVE, SUITE 700

Entity Name: SN0153, LLC

601 BRICKELL KEY DRIVE, SUITE 700 MIAMI, FL 33131 US

**Current Principal Place of Business:** 

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN NEWMAN

05/04/2020 AUTHORIZED PERSON

Electronic Signature of Signing Authorized Person(s) Detail

Date

## FILED May 04, 2020 Secretary of State 0855781211CC

## 2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT