L02000009419

(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:					

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2021 SEP 22 PH 12: 51

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SEP! 2621 LAUSHITTON

COVER LETTER

TO: Registration Section Division of Corporations	·					
SD-Gandy, LLC SUBJECT:						
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerni	ing this matter to the following:					
Karen Gilmer						
Name of Person						
Knudsen Partners, Ltd.						
Firm/Company						
999 Douglas Ave, Suite 2220						
Address						
Altamonte Springs. FL 32714						
City/State and Zip C	ode					
karen.g@scandesign.com						
E-mail address: (to be used for future	re annual report notification)					
For further information concerning this m	natter, please call:					
Karen Gilmer	4078317734 at ()					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address:	Street Address:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	The Centre of Tallahassee					
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the follo	owing amount:					
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					



201 SEP 22 MM 11:21

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2021

KAREN GILMER 999 DOUGLAS AVE STE. 2220 ALTAMONTE SPRINGS, FL 32714

SUBJECT: SD-GANDY, LLC Ref. Number: L02000009419

We have received your document for SD-GANDY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must also contain the address of the registered agent which must be at a Florida street address.

You failed to list the location of the new registered agent in the space provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 121A00021940

Irene Albritton Regulatory Specialist III

www.sunbiz.org

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.

I. Na	ame of the limited liability company: SD-Gandy, LLC			
2 (4)		(h)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited I	
	999 Douglas Ave, Stc. 2220		ame	117-14-0-1
	Altamonte Springs, Fr 32714	_		· · · · · · · · · · · · · · · · · · ·
	4/19/2002	i	L020000094	19
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Knudsen, Knud P			
	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of Sta	ite:	
			_	25
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		<u></u>
	999 Douglas Ave, Suite 2220		_	SEP 3
	Altamonte Springs , FL	32714	_	22.
(b)	Jesper Knudsen			2021 SEP 22 PH 12: 5
,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	_	. .
	999 Douglas Ave, Ste. 2220			_
	NEW Registered Utility Address:		_	
	Altamonte Springs Fr 3	2714	_	
	, 0 ,			
	, FL_		_	
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registered office ar bility company, it i f the limited liabili	nd the business office or is hereby confirmed that ty company or as other mpany.	f the registered t the change(s)
Signa	sture of a member or authorized representative of a member.		Printed or typed name of	signee
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act in this cap performance of my for in Chapter 60, ereby confirm that	pacity. I further agree t	o comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00