LD2000011082

(Requestor's Name)	
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(Addless)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	OVERSEAS HOLDINGS, L.L.C	3.	
		Name of Limited	I Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to t	he following:
Holly N	Nikolich		
	Name of Person		
Mika &	e Nikolich, PA		
	Firm/Company		
1330 N	fain Street, 2nd Floor, Office 1		
	Address		 -
Sarasor	a, FL 34236		
-	City/State and Zip Coo	de	
Hollyl	@mnfirm.com		
F	-mail address: (to be used for future	annual report no	otification)
For fur	ther information concerning this ma	tter, please call:	
Holly A	Nikolich	941 at (345-7941
	Name of Person	(Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ring amount:	
	■ \$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy
INHS1:	8 (2/14)		

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)	786 S. Orange Avenue, Sarasota, FL 34236		(b)	786 S. O	range Avenue, !	Sarasota, FL	34236		
. , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	10/14/2002	_	_ L()2000027	7082				
	Date of filing/registration in Florida	- 4.	_		Document n	umber			
	Margaret Shoaf								
(a)	Registered Agent and Registered Office shown on the records of t	he Flor	ida D	ept. of Sta	 ate:				
	49 N. Washington Blvd., Suite 29								
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	SS)		_				
	Sarasota	34236				P:	2023 AUG		
	FL				_	ĽĄŦ	AU	{	
(b)	Holly Nikolich					TAS:	اً		
	Enter name of NEW Registered Agent and/or NEW Registered	Office	addr	ess:	_	SEE (. >	1	
	1330 Main Street, 2nd Floor, Office 1					TÄLLAHASSEE, FLORID	AM 9: 01	C	
	NEW Registered Office Address:				_	RIDA	9		
	Sarasota	34236			_				
ne li	mited liability company is not organized under the law	rs of th	ne St	ate of F	— Florida, it is her	reby confirm	ned that	after	
nt w s/we	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the organization for the operating agreement of the less of organization for the operating agreement of the less of organization for the operating agreement of the less of organization for the operating agreement of the less of organization for the operating agreement of the less of the operation for the less of the operation for the operation	bility i f the li	com mite	pany, it :d liabili	is hereby conf ity company or	firmed that t	he chan	ge(s)	
	(Malli)	Fr	iedri	ch Mayr,	, Manager				
gnat	ure of a member of authorized representative of a member	_			Printed or type	ed name of sig	nec		
ereb visio obli	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I h	ee to a perfori ! for in	ct in man Che	this caj ce of my upter 60	pacity. I further duties, and I is 05, F.S. Or, if 1	er agree to c am familiar this docume	comply v with an ent is bei	vith t d acc ng fil	

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

Signature of Registered Agent