U04000078500

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
· (Business Entity Name)			
(Document Number)			
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EXAMINER

COVER LETTER

	Registration Section Division of Corporations			
SUBJE	CT: SANTRUST DEVELO	PROPERTIES LLC. FLimited Liability Company)		
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.		
Please r	eturn all correspondence concerning the	his matter to the following:		
Cer	C ROUNIER (Name of Person)			
Salt	PUST DEVELOPMENT I	DOPERTIES LIC		
758	Rugby STREET (Address)	· · · · · · · · · · · · · · · · · · ·		
Oer	City/State and Zip Code)			
For furt	her information concerning this matter	r, please call:		
Cea	(Name of Person)	at (407) 540 · 1500 (Area Code & Daytime Telephone Number)		
I I (STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
i	Enclosed is a check for the following amount:			
•	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

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1. Name of the limited liability company: Saithus	ST DEVELOPMENT PROPERTIES LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	DRIANDO FL 32804
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	737 RUGBY STREET DRIANDO FL 32804
10 128 104 3. Date of filing/registration in Florida	<u>LO4 000 78500</u> 4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	JUDY SQUILANTE
Registered Office Address:	738 RUGBY STREET
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	
NEW Registered Agent:	PENC KOUHIEL
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	738 Rugby Street Orlando ,FL \$33804
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and the business
Come Rountes (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the infiited liability company has been notification.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change.
(Signature of Registered Agent)	

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