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LEB 54 5053

02/23/2023 y10:55 February 23, 2023 1055 To:18506176383.net2phone.com Fax:18506176383 P: 2/2

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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.

1		SAM'S HOLDINGS AT HISSAR, LLC
ł.	Name of the limited liability company:	

2. (a)	3995 South Douglas Road	ſ		995 South D	ouglas Road	đ		
·	Principal office address of limited trability company: (<u>Note: MUST BE STREET ADDRESS</u>)	· ``	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Miami, Fl. 33133	·		iami, FL 33	133		<u> </u>	
			- 					
	05/26/2005		L05	000052944				
3.	Date of filing/registration in Florida	4.		Doc	ument nur	nber		
5. (a)	AGI REGISTERED AGENTS, INC.						20	
	Registered Agent and Registered Office shown on the records of 1060 Brickell Avenue	of the Florid	a Dep	t, of State:		•	2053 EEB	
	Registered Office Address (MUST BE FLORIDA STREE	TADDRES.	<u>s)</u>	· · · · · · · · ·			23	
	Suite 300					٠	AM	t
	Miami r	33131 1				 - 	4	
(b)	Adam Schucher, Esq.						3 4	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ac	ldress	i.				
	c/o Katz Button, 901 Ponce de Leon Boulevard							
	NEW Registered Office Address:	·						
	10th Floor							
	Coral Gables, F	L. <u>33134</u>						
change agent v was/we	imited liability company is not organized under the label or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register liability co of the lin	ed of onpa tited	fice and the ny, it is her liability co:	2 business (reby confirming any or a result of the second s	office of med th	of the re at the c	egistered :hange(s)
	Xe	Ada	im Sc		Esq., as Authorized Rep of R. Millard			
Signa	ture of a member or authorized representative of a member			Prir	ited or typed	name of	signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reject a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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