L08000019349

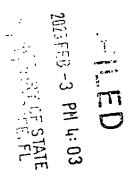
(Req	uestor's Name)				
(Add	lress)				
bbA)	ress)	 -			
(City	/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nam	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



300401143473

02/03/23--01014--002 **25.00





CT Corporation 28 Liberty St. New York, NY 10005

Phone (212) 894 8940 www.ct.wolterskluwer.com www.wolterskluwer.com

February 1, 2023

Department of State - Division of Corporations Amendment Section The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: Change of Agent for Service of Process for: Santee Properties, LLC

Dear Sir or Madam,

Corpdirect Agents, Inc. provides the agent for service of process in Florida for the above-named company. Please be advised that the agent for service of process has been changed to: NRAI Services, Inc..

Enclosed please find an executed Statement of Change Form and Cover Letter, which will serve to change the agent to: NRAI Services, Inc., 1200 Pine South Island Road, Plantation, FL 33324. Also enclosed is our check for \$25.00 to cover the filing fee.

Please advise us once the agent change has been noted and issue whatever evidence of filing that may be usual. Also, enclosed is a self-addressed envelope for your convenience in replying or you can email me at my email address below.

Thank you,

C T Corporation System

Marie Hauer

Agent Services Division

marie hauer@wolterskluwer.com

Encl.

COVER LETTER

Divi	sion of Corporations					
SUBJECT:	SANTEE PROPERTIES, LLC Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	l Registered Agent/Registered Of	fice Change and	d fee(s) are submitted for filing.			
Please return	all correspondence concerning th	nis matter to the	following:			
Marie Hauer						
	Name of Person		<u> </u>			
C T Corporati	ion System					
	Firm/Company					
28 Liberty St.						
	Address					
New York, N	Y 10005					
	City/State and Zip Code		_			
E-mail	address: (to be used for future and	nual report noti	fication)			
For further in	formation concerning this matter.	, please call:				
Marie Hauer		212 at (894-8940			
	Name of Person		Area Code & Daytime Telephone Number			
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle hassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Illahassee, Florida 32314			
Encl	osed is a check for the following	; amount:				
□ \$2	5 Filing Fee	□ \$	55 Filing Fee & Certified Copy			
INHS18 (2/14))					

TO: Registration Section

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.	Na	me of the limited liability company:	SANTEE PROPE	ERTIES,	, L	LC			
2. (a									
•		Principal office address of limited li- (Note: MUST BE STREET A	ibility company:	<u> </u>	(0)	M	ailing address of limited liabil (Note: MAY BE POST OFF	ity compan	y:
		5066 DEERVIEW WOODS DRIVE				5066 DEER	VIEW WOODS DRIVE		
		CLEVES, OH 45002		_		CLEVES, O	PH 45002		
		02/22/2008			j	L0800001934	.9		
3.		Date of filing/registration in	Florida	4.	-	I	Document number		
5. (a)	CORPDIRECT AGENTS, INC							
5. (a)		Registered Agent and Registered Office show	wn on the records of	the Flori	da	Dept. of State:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<u>, , , , , , , , , , , , , , , , , , , </u>	2023 FEB	.v .e-9	
		1200 South Pine Island Road					二萬	17	
		Miami	, FL	33324			م المنظم الم المنظم المنظم المنظ المنظم المنظم المنظ	့် ယ	American A Estances
(t		NRAI Services, Inc.					(A) (A) (日)	PH	
(-		Enter name of NEW Registered Agent and	or <u>NEW Registered</u>	Office 2	dd	ress:		PH 4: 03	
							r	71 -	
		NEW Registered Office Address:							
		1200 South Pine Island Road				<u>-</u>			
		Plantation	, FL	33324					
ageni was/v	nar Lw we:	mited liability company is not organinge or changes are made, the Florida ill be identical. Or, in the case of a leasthorized by an affirmative vote eles of organization or the operating	street address of Florida limited list of the members of	the reg ability of of the liv	ist Cor mi	ered office a npany, it is l ted liability	and the business office of hereby confirmed that the company or as otherwise	f the regis	stered
							, Authorized Representative	e	
		are of a member or authorized representative]	Printed or typed name of signe	c	
By:		y accept the appointment as register ons of all statutes relative to the propertions of my position as registered by reflect a change in the registered in writing of this change. NRAI Services, Inc.	ed agent and agr er and complete agent as provide office address, I i	ee to ac perforn d for in hereby c	ct i na: Ci coi	in this capac nce of my di hapter 605, nfirm that th	city. I further agree to co uties, and I am familiar w F.S. Or, if this documen we limited liability compa	omply wit vith and c t is being ny has be	h the accept filed een
Signa	tur	e of Registered Agent							

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