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| | (Requestor's Name) | | | | | | |
|---------------------|--------------------------|--|--|--|--|--|--|
| | (Address) | | | | | | |
| | (Address) | | | | | | |
| | (City/State/Zip/Phone #) | | | | | | |
| PICK-U | P WAIT MAIL | | | | | | |
| | (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | Certificates of Status | | | | | | |
| Special Instruction | s to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--------|--|---------------|---|
| SUBJI | SPG GOOLSBY LLC | | |
| | | of Limited | Liability Company |
| Dear S | ir or Madam: | | |
| The er | aclosed Registered Agent/Registered Office | e Change an | d fee(s) are submitted for filing. |
| Please | return all correspondence concerning this | matter to th | e following: |
| Stepl | nanie Zevallos | | |
| | Name of Person | | |
| Seag | is Property Group | | |
| | Firm/Company | | _ _ |
| 1134 | 0 INTERCHANGE CIRCLE NORTH | 1 | |
| | Address | | |
| MIRA | AMAR, FL 33025 | | |
| | City/State and Zip Code | | |
| szev | allos@seagisproperty.com | | |
| | E-mail address: (to be used for future annu- | al report not | ification) |
| For fu | rther information concerning this matter, p | lease call: | |
| Stepl | nanie Zevallos | 754 | 816-1830 |
| | Name of Person | | Area Code & Daytime Telephone Number |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | R C P | AAILING ADDRESS: Registration Section Division of Corporations R.O. Box 6327 Callahassee, Florida 32314 |
| | Enclosed is a check for the following a | mount: | |
| | ☑ \$25 Filing Fee | ۵ | \$55 Filing Fee & Certified Copy |

INHS18 (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.

| 1. N | ame of the limited liability company: SPG GOO | OLSBY | LLC | | | | | |
|-------------------------------|--|---|---------------------------------------|---|--|---|--|----|
| 2. (a) | C/O SEAGIS PROPERTY GROUP | | - (h) | C/O SE | AGIS PROP | ERTY GRO | UP | _ |
| , , | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | À: | (0, | | Mailing address of | | company: | _ |
| | 100 FRONT STREET, SUITE 350 | | | 100 FR | ONT STREE | T, SUITE 35 | 50 | |
| | WEST CONSHOHOCKEN, PA 19428 | | | WEST | соизноно | CKEN, PA | 19428 | _ |
| | 04/09/2008 | | l | _080000 | 36209 | | | |
| 3. | Date of filing/registration in Florida | 4. | - | | Document nun | nber | | - |
| 5. (a) | Mindy Frau | | | | | | | |
| (/ | Registered Agent and Registered Office shown on the record | ds of the Fic | rida | Dept. of Stat | _ te; | | | |
| | C/O SEAGIS PROPERTY GROUP LP | | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STRE | EET ADDR | ESS) | | <u>-</u> | | | |
| | 11340 INTERCHANGE CIRCLE NORTH | Н | | | | | | |
| | MIRAMAR | , FL 330 | 25 | | _ | ب. با د در شد با | 201 | |
| (b) | Stephanie Zevallos | | | | | • | 2019 11.17 | |
| (-) | Enter name of NEW Registered Agent and/or NEW Register | ered Office | ndd | :c51: | - | | | ;- |
| | C/O SEAGIS PROPERTY GROUP LP | | | | | | A | |
| | NEW Registered Office Address: | | | | - | | ڣ | ` |
| | 11340 INTERCHANGE CIRCLE NORTH | | | | _ | | <u>-</u> သ | |
| | MIRAMAR | , _{FL} 3302 | 25 | | | | | |
| tne char agent w was/we | mited liability company is not organized under the nge or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cless of organization or the operating agreement of | e laws of t is of the re id liability ers of the l the limite | he S giste con imit d lia | ered office spany, it is ed liability | e and the busines s hereby confirm y company or as apany. | ss office of the | e registered | i |
| Signati | ire of a nicipiber or authorized representative of a member | | | · - · · · · · · · · · · · · · · · · · · | Printed or typed no | ame of signee | | - |
| he oblig o merei | y accept the appointment as registered agent and ins of all statutes relative to the proper and compligations of my position as registered agent as proving reflect a change in the registered office address in writing of this change. | agree to d lefe perfor ided for in I, I hereby | nct in man n Ch con | this capa ce of my a apter 605 firm that i | acity. I further d duties, and I am , F.S. Or, if this the limited liabil | agree to comp familiar with s document is lity company h | ly with the and accept being filed has been | f |
| Signature | of Registered Agent | | | | | | | |
| | · ···································· | | | | | | | |