

8/19/24, 11:03 AM

Division of Corporations

LO9000061118

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : 12009020001
Phone : (307)200-2802
Fax Number : (813)430-5200

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
SGRR LLC

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

RECEIVED
2024 AUG 19 AM 11:14
STATE OF FLORIDA
DIVISION OF CORPORATIONS

K. SALY
AUG 20 2024

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. Name of the limited liability company: SGRR LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 06/24/09 Date of filing/registration in Florida 4. L09000061118 Document number

5. (a) Champion, Robert, III
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
1016 PONTE VEDRA BLVD
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

PONTE VEDRA, FL. 32082

(b) Registered Agents Inc
Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N
NEW Registered Office Address:
STE 300

St. Petersburg, FL. 33702

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robin Jones Signature of a member or authorized representative of a member Printed or typed name of signer

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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts Signature of Registered Agent David Roberts - Assistant Secretary

FILED
2024 AUG 19 AM 4:09
CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA