6/20/2019 Division of Corporations Electronic Filing Cover Sheet	
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To: Division of Corporations Fax Number : (850)617-6383	في. < ب د
From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	
<pre>**Enter the email address for this business entity to be use annual report mailings. Enter only one email address pl Email Address:</pre>	d for future .ease.**
Image: Sand Dollar Systems, LLCImage: Sand Dollar Systems, LLC	
Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge \$25.00	
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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.

Florida L. Na	n international state of the limited liability company: Sand D	ollar S	Systems	s, LLC		
	1842 Upper Cove Ter Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SARASOTA, FL 34231	```````````````````````````````````````	× \	Upper Cove Ter Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) SOTA, FL 34231		
	12/23/2009		L090001	.21599	· ·	
3.	Date of filing/registration in Florida	4,		Document number	 	
e	UNITED STATES CORPORATION AGE	NTS, INC			= z	•
5. (a)	Registered Agent and Registered Office shown on the record			:	:) 	•
	13302 WINDING OAKS BLVD.					•
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>S)</u>		>	•
	A-100)	
	Tampa	_{. FL} 3361	2		ر	
(b)	Registered Agents Inc. Enternanc of <u>NEW Registered Agent and/or NEW Regist</u> 7901 4th St N <u>NEW</u> Registered Office Address STE 300	tered Office 2	<u>ddress</u>			
	St. Petersburg	. FL_3370	2			
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the memb- icles of organization or the operating agreement of	ss of the reg ed liability of ers of the lim f the limited	istered office company, it is mited liabilit liability con	e and the business off s hereby confirmed th y company or as othe	hat the cha	ange(s)
	Ritury Park.	<u>- Ri</u>	ley Park	Printed or typed name o		
_	ature of a member or authorized representative of a member	1	se in chio and			h with th
i herc proviș	eby accept the appointment as registered agent una jons of all statutes relative to the proper and comp	slete perfori	nance of my	duties, and I am Jam	liar with	and acce

provisions of all statilies relative to the proper and complete performance of my duties, and I am familiar with and accel the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been natified in writing of this change. Bill Havre - Assistant Secretary

Signature of Registered Agent

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

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