<u>LIO 000106976</u>

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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U5/24/21--U1U29--U24 **25.U0



O SIMMONS JUN 2.9 2021



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 19, 2021

Order#: 819975/033

Re: SH VENTURE I, LLC

Enclosed please find:

 \underline{XX} Change of Registered Agent and Office. \underline{XX} Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

Name	of the limited liability company:	LLC					
(a)	07 Baymeadows Road East	(b)	1				
()	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	_ (*)	·	Mailing address o (Note: MAY B		•	
S	uite 205						
J	acksonville, FL 32256	_					
10)/13/2010	l	_1000010	6976			
	Date of filing/registration in Florida	4		Document nu	mber		
(a) Fe	eldman & Mahoney, P.A.						
	gistered Agent and Registered Office shown on the records of th	e Florida	Dept. of Sta	ite:		\sim	
2	240 Belleair Road, Suite 210				•	821	
Re	gistered Office Address (MUST BE FLORIDA STREET A	DDRESS)		_		921 MAY 24	
					•	24	
c	learwater	33764			۱.	33-	.
	. FL_			_			
b)						0	
	ter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>)ffice add	ress)	_		വ	
С	orporation Service Company						
N	EW Registered Office Address:			_			
12	201 Hays Street			_			
Ta	allahassee	32301					
nge or nt will /were .	ted liability company is not organized under the laws changes are made, the Florida street address of the re- be identical. Or, in the case of a Florida limited liab authorized by an affirmative vote of the members of s of organization or the operating agreement of the li	egistered oility con The limi	l office ar npany, it i ted liabili	id the business is hereby confir ty company or a	office of med that	The regit the chart	stered ngc(s)
Edwa	rd E. Burr	Edwa	ard E. Bur	r			
gnature	of a member or authorized representative of a member			Printed or typed	name of s	lignee	
erchy c visions obliga nerely i ified in	iccept the appointment as registered agent and agree of all statutes relative to the proper and complete po- tions of my position as registered agent as provided reflect a change in the registered office address. I he writing of this change. Co	e to act i erforma for in Cl rreby con rrporatic	n this cap nce of my hapter 60, nfirm that on Servic	acity. I further duties, and I ar 5, F.S. Or, if th the limited liab e Company	· agree to n familic vis docum vility com	o comply ar with a nent is be npany ha	with the nd accep zing filed is been
1		· • • •			1 .		

_ Ami M. Casper, Asst. Vice President

Signature of Registered Agent

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

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