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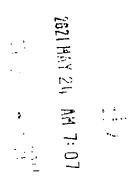
	augstor's Name)			
(Requestor's Name)				
- (4.)				
(Address)				
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(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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O SIMMONS JUN 29 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#: 819975/034

Re: SH VENTURE II, LLC

Enclosed please find:

 \underline{XX} Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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	f the limited liability company: SH VENTURE	II, LLC		
	Baymeadows Road East	(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) e 205	(0)		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ksonville, FL 32256			<u>-</u>
40/4	0.000.0	 -		
	3/2010		10000106	
	Date of filing/registration in Florida	4.		Document number
(a) Feld	man & Mahoney, P.A.			
	tered Agent and Registered Office shown on the records of	of the Florida D	ept, of State	:
224	0 Belleair Road, Suite 210			. 757
Regis	tered Office Address (MUST BE FLORIDA STREET	(FADDRESS)		2921 HAN
Clea	arwater	33764		[2]
		ь		
(b)				7: 0
Enter	name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office addr	ess:	_ ~-
Cor	poration Service Company			
NEW	Registered Office Address:			
120	1 Hays Street			
Talla	ahassee F	32301		
ange or cha ent will be s/were aut	liability company is not organized under the la anges are made, the Florida street address of th identical. Or, in the case of a Florida limited I horized by an affirmative vote of the members f organization or the operating agreement of the	nws of the St e registered iability com of the limite e limited liab	office and pany, it is ed liability pility comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		Edwar	d E. Burr	
_	a member or authorized representative of a member			Printed or typed name of signee
nereby accovisions of obligation merely refinitely with the control of the contro), (NA 12 ANZ	e performane ed for in Che hereby conf Corporation	ce of my di apter 605, arm that the Service	uties, and I am familiar with and accep F.S. Or, if this document is being filed we limited liability company has been Company
	gistered Agent	Ami M. Ca	sper, Asst	t. Vice President