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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(easiless 2 till, France,							
(Document Number)							
,							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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19 APR 18 AH 7: 43

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO) <i>.</i> :	Ι2	00	00	0(000	.95
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REFERENCE : 731209 7392947
AUTHORIZATION : Truels Elemen

COST LIMIT : \$ 25.00

ORDER DATE: April 18, 2019

ORDER TIME : 11:41 AM

ORDER NO. : 731209-035

CUSTOMER NO: 7392947

CHANGE OF AGENT

NAME: SHC PROPERTIES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

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: SHC Propert	ies, LLC			
2. (a)		(b)		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liabili (Note: MAY BE POST OFF	, , ,
	555 FIFTH AVENUE, N.E., UNIT #732		200 2nd /	Avenue South, Suite 402	
	St. Petersburg, FL 33701		St. Peters	sburg, FL 33701	
	03/24/2011	.	L1100003	6030	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
	Registered Agent and Registered Office shown on the records	of the Florida	a Dept. of State	:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	<u> </u>	uuri uurgh	
	200 2nd Avenue South, Suite 402			3	
	St. Petersburg , F	FL <u>33701</u>			:.'
(b)				1 CO	M D
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	dress:	W 7: 43	I
	1201 Hays Street			5 5	
	NEW Registered Office Address:				
		 .			
	Tallahassee , F	L 32301			
agent w was/we the artic	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited in reauthorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regis liability co of the lim e limited li	tered office a mpany, it is ited liability	and the business office of hereby confirmed that the company or as otherwise pany.	the registered
	are of a member or authorized representative of a member			Printed or typed name of signee	
he obli o mere	y accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as providly reflect a change in the registered office address, I in writing of this change.				
Signatur	of Registered Agent C	 DI	Lydia Co	ohen	
nightatu.	e of Registered Agent Corporation Service Company	BY:	Asst. Vice P		
	Division of Corporations P O	Ray 6327	. Tallahaas	EL 22214	