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L: 31	From:	Account Number Phone	: REGISTERED AGENTS INC. : 120090000081 : (307)200-2803 : (855)330-1010	ETARY OF ST LAHASSEE, F	CT-4 AMIO:
٠٠-	**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 MIAMI SAAF LLC

C. BRUMBLEY

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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.

1. N	ame of the limited liability company: Miami S	AAF LLC			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limite (Note: MAY BE POS		¥:
3. 5. (a)		4. CONSULTANT	00060677 Document number		
	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET) 1150 Sw 22 nd Street		State:	2022 OCT -4 SECRETARY TALLAHA	7
(b)	Miami , F Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered		AM 10: 13 Y OF STATE SSEE, FL		
	7901 4th St N NEW Registered Office Address: STE 300				_
	St. Petersburg	_{-L} 33702			
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered of liability company, s of the limited liab	fice and the business of it is hereby confirmed pility company or as oth	ffice of the regi that the change	stered (s)
R	ature of a rhember or authorized representative of a member	Riley Pai		at Sans	
I here provis the ob to mer notifie	eby accept the appointment as registered agent and a tions of all statutes relative to the proper and comple ligations of my position as registered agent as provic rely reflect a change in the registered office address, rd in writing of this change.	gree to act in this of the performance of the dead for in Chapter I hereby confirm the the Secretary	Printed or typed name capacity. I further agramy duties, and I am fan 605, F.S. Or. if this do hat the limited liability	ee 10 comply wi	th the accept 3 filed een

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