## Florida Departinent of State Division of Conversitions Flestronia Filling Coversited

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000403565 3)))



H200004035653ABCZ

**Note**: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

7	`	٠

**Division of Corporations** 

Fax Number : (850)617-6383

## From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

/23 PM 1:

*Enter the email address for this business entity to be used for futu	
annual report mailings. Enter only one email address please. * *	

Email Address:\_\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE SANTIAGO FINANCE II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

O SIMMONS

NOV 24 2020

DEVENTED TO THE

## 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 lim	nited liability company: Sa	ntiago F	-in	ance II LLC	
(a) 6000 Island Blvd #605			(b) 6000 Island Blvd #605		
Princip	al office address of limited liability of Note: MUST BE STREET ADDRE		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
Aventur	a Florida 33160			Aventura Florida	a 33160
03/15/201	3			L13000039713	3
Dat	e of filing/registration in Flor	ida	4,	Docume	nt number
(a) CORPOR	ATE CREATIONS NETV	VORK INC.			
Registered Ago	ent and Registered Office shown on t	the records of the	Flori	da Dept, of State:	
801 US	HIGHWAY 1				
Registered Of	fice Address (MUST BE FLORIS	DA STREET AD	DRE	<u>SS)</u>	
NORTH	PALM BEACH		340	08	<del>;</del> -
, Northw	est Registered A	Agent Ll	_C		· ·
Enter name of NEW Registered Agent and/or NEW Registered Office address:			address:	~1	
7901 4	4th St N				2: 50
NEW Registe	red Office Address:				
STE 300	)				
St. Pe	tersburg	, FL_3	37(	02	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Morgan Noble

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Ton Glove Tom Glover - Assistant Secretary

Signature of Registered Agent