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(Red	questor's Name))		
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

SD GLOBAL REALTY LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sebastian Delgado

Name of Person

SD GLOBAL REALTY LLC

Firm/Company

950 Brickell Bay Drive Suite 14

Address

Miami, FL 33131

City/State and Zip Code

sebastiandelgado@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sebastian Delgado

__321

9480886

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Na	me of the limited liability company: SD GLOBAL REALTY	rc	
2. (a)	Principal office address of limited liability company	7 950 Brickell Bay Drive Suite 14	
()	(Note: MUST BE STREET ADDRESS)	Miami, FL 33131	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	950 Brickell Bay Drive Suite 14 Miami, FL 33131	
06/04/20	13	L13000080542	
3. Da	te of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on		ept. of State:
	Registered Agent:	Sebastian Delgado	
	Registered Office Address:	950 Brickell Bay Drive Suite 14	
		Miami, FL 33131	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office addre	<u>?ss</u> :
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	950 Brickell Bay Drive Suite 1703	
	(MUST BE PLORIDA STREET ADDRESS)	Miami	,FL 33131
confire and the liabilit the me	imited liability company is not organized under the lend that after the change or changes are made, the Fle business office of the registered agent will be idently company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the r cal. Or, in the case of a Flo was/were authorized by an	egistered office orida limited affirmative vote of
Signatur	e of member or authorized representative of a member	_	
Sebastiar		_	
	or typed name of signee	_	
I here comply and I a Chapte addres	by accept the appointment as registered agent and a with the provisions of all statutes relative to the prounding familiar with and accept the obligations of my poer 608, F.S. Or, if this document is being filed to mess, I hereby confirm that the limited liability company	gree to act in this capacity. per and complete performa sition as registered agent a. rely reflect a change in the has been notified in writin	ince of my duties, sprovided for in registered office got this change.
Signatur	e of Registered Agent		TAR ASS

Division of Corporations, P.O. Box 6327, Tallahassee, FL 3231477 FILING FEE: \$25.00

INHS18 (05/08)