

L13000 109589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

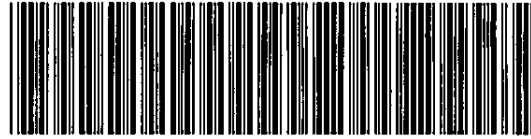
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100261298731

RA
change

06/24/14--01009--006 **110.00

FILED
2014 JUN 24 PM 1:36
CLERK OF STATE
TALLAHASSEE, FLORIDA

DR

7/10/14

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. Name of the limited liability company: SFIP 4424, LLC

2. (a) 421 SNELL ISLE BLVD NE (b) 421 SNELL ISLE BLVD NE

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

ST PETERSBURG, FL 33704

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

ST PETERSBURG, FL 33704

08/02/2013

L13000109589

3. Date of filing/registration in Florida

4. Document number

5. (a) JOHN E. STROSS

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

421 SNELL ISLE BLVD NE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ST PETERSBURG, FL 33704

_____, FL _____

(b) LEONARD S. ENGLANDER

Enter name of NEW Registered Agent and/or NEW Registered Office address:

721 FIRST AVENUE NORTH

NEW Registered Office Address:

ST PETERSBURG FL 33701

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

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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00