

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.

(((H21000018945 3)))



H210000189453ABC/

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

To:

Division of Corporations

Fax Number : (850)617-6383

Erom:

Email Address:_

Account Name : BEGGS & LANE Account Number : 120020000155 Phone : (850) 432-2451 Fax Number : (850)469-3331

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

		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	. <u>~</u>	
LLC REGISTERED AGENT CHANGE SVNCRE GROUP, LLC		,	34 5	1 ·
Certificate of Status	0		15 <u>-</u>	TT:
Certified Copy	0	, to	:.0	٠
Page Count	02	•	90	
Estimated Charge	\$25.00)	

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: F789E67E-C8FC-4445-AFCB-54C9B73C2E7B (((H21000018945-3)))

	COVER LETTER
TO: Registration Section Division of Corporations	
SVNCRE Group, LLC SUBJECT:	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fec(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Michael Carro	
Name of Person	******
SVN	
Firm/Company	· · · · · · · · · · · · · · · · · · ·
186 N. Palafox Street	
Address	
Pensacola, FL 32502	
City/State and Zip Code	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	please call:
Michael Carro	850 434-7500 at()
Name of Person	Arca Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Mouroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following a	amount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

((([1210000189453)))

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 ugent, or both, in the State of Florida.

Na	ame of the limited liability company: SVNCRE Grant	oup, LLC			
(a)	186 N. Palafox Street, Pensacola Florida 32502	(b) 18	(b) 186 N. Palafox Street, Pensacola, Florida 32502		
()	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	12/26/2013	L131	000177062		
	Date of filing/registration in Florida	4.	Document number		
(u)	Rodney Sutton				
(a)	Registered Agent and Registered Office shown on the record	ds of the Florida Dep	or. of State:		
	120 E. Main Street, Suite D. Pensacola, Florida 3250	•			
	Registered Office Address (MIST BE FLORIDA STRE	EET ADDRESS)	···		
	120 E. Main Street, Suite D				
	Pensacola	32502			
		, FL			
(b)	Michael Carro		· —		
(0)	Ruter name of NEW Registered Agent and/or NEW Registered	tered Office address	<u> </u>		
	186 N. Palafox Street, Pensacola, Florida 32502		· 		
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		
	186 N. Palafox Street		·· :o		
			97		
	Pensacola	. FL ³²⁵⁰²			
ange ent v is/wo	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite cre authorized by an affirmative vote of the membrales of organization or the operating agreement of	e laws of the Stat f the registered of ed liability compa ers of the limited	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in		
	Carro	Michael	Michael Carro, Member and Manager		
siene	the of a member or authorized representative of a member		Printed or typed name of signoe		
herei ovisi obl mere	by accept the appointment as registered agent and one of all statutes relative to the proper and comp igations of my position as registered agent as provely reflect a change in the registered office address when writing of this change.	lagree to act in to lete performance vided for in Chap s, I hereby confir	his capacity. I further agree to comply with to of my duties, and I am Jamiliar with and accorder 505, F.S. Or, if this document is being file that the limited liability company has been		