L14000154816

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PICK-UP	☐ WAIT	MAIL		
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Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/20/2024	
Name:	Cheyanne Davis	_
Reference #		<u> </u>
Entity Name	SAWGRAS	S PARKWAY, LLC
☐ Article	es of Incorporation/Authorization	n to Transact Business
Amer	ndment	
Chan	ge of Agent	
Reins	statement	
☐ Conv	ersion	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ous Name	
☐ Other		
Authorized A	Amount: \$25	
Signature:	Oryma Paine	



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Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:	12/20/2024	
Name:	Cheyanne Davis	
Reference #	2597601	<u> </u>
Entity Name	SAWGRAS	S PARKWAY, LLC
Article	es of Incorporation/Authorizatio	n to Transact Business
Amer	ndment	
✓ Chan	ge of Agent	
☐ Reins	statement	
☐ Conv	ersion	
☐ Merge	er	
☐ Disso	olution/Withdrawal	
Fictiti	ous Name	
Other		
Authorized A	Amount: \$25	
Signature:	Oryma Paine	

F: 800.944.6607

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: SAWGRA	ASS PAR	RKWAY, LLC
2. (a)	4520 EAST WEST HWY, STE 200	(b)	4520 EAST WEST HWY, STE 200
=. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BETHESDA MD 20814	_	BETHESDA MD 20814
	10/03/2014		L14000154876
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LYNN, SANDRA T		دے
<i>5.</i> (<i>a</i>)	Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State
	7 BARRACUDA LN		DEN FI
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	26 LEI
	KEY LARGO , FL	33037	Dept. of State: PALED FILED PH 4: 13
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	office add	ress:
	115 North Calhoun Street, Suite 4		
	NEW Registered Office Address.		 _
	Tallahassee FL	32	301
the ch agent was/w the an	limited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	s of the S the regist bility cor the limi	ered office and the business office of the registered upany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
	/s/ Eleanor Wells ature of a member or authorized representative of a member		Eleanor Wells Printed or typed name of signee
I here provis the ob to mer	why accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete politions of my position as registered agent as provided well reflect a change in the registered office address. I have in writing of this change.	re to act i performa for in Ci ereby coi	in this capacity. I further agree to comply with the

Signature of Registered Agent

/s/ Tim Mayville, Assistant Secretary