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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

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## LLC REGISTERED AGENT CHANGE **S & F FOUNDATION LLC**

Certificate of Status	0		
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M. SOLOMON

MAR 3 1 2023

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## 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	lame of the limited liability company: S&FFOUN	DATIO	N LLC			
2. (a)		(b	)	<del></del>		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of hmited (Note: MAY BE POST	-		
	7901 4th St N STE 300		7901 4th St N STE 300			
	St. Petersburg, FL 33702	_	St. Petersburg, FL 33702		<del></del>	<del></del>
	10/06/2014	·	L14000155742			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a	) St. Clair, Ron					
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:			
	615 CAPE CORAL PKWY W					
	Registered Office Address (MUST BE FLORIDA STREET A	<u>ADDRESS</u>	1	4	20	
	104			( - <del>)</del>	23	
	CAPE CORAL , FI.	33914		RETARY THASSE	2023 MAR 30	
(b)	Registered Agents Inc			: 15 : 15 : 15 : 15 : 15 : 15 : 15 : 15		<u> [1]</u>
(D)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	E FI DAIL	<del>2</del>	O
				至至	1:26	
	7901 4th St N			٠	9	
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg , FL	33702				
the chagent was/w the ar Sign I heroprovise the obtonies	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lievere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attraction of a member of a member or authorized representative of a member sions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address. It is writing of this change.	the regis ability co of the lim limited I  Rot	tered office and the business offi mpany, it is hereby confirmed the ited liability company or as other iability company.  In Jones  Printed or typed name of in this capacity. I further garee	ice of the at the charwise prov	registeringe(s) vided in	n  he

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

ર્જુંભાંક David Roberts - Assistant Secretary

Signature of Registered Agent