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(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	<u></u> ⊋ #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
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J. HARRIE

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.	Na	me of the limited liability company: SAN COMPLIA	NCE LLC	;				
2. (a	a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)					
		1002 E. Newport Center Dr., 200	_ _	1002 E. N	Newport Center Dr.	., 200		
		Deerfield Beach, FL 33442		Deerfield	Beach, FL 33442			
		04/17/2015		L1500006				
3.		Date of filing/registration in Florida	4.		Document numbe	r		
5. ((a)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State Reben, Stuart Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			:: -	2 2		
		Deerfield Beach FI			JUL 2			
(1	h)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company				Y OF STATE	AM 9: 57	
		NEW Registered Office Address:						
		1201 Hays Street						
		Tallahassee FI	32301		_			
the dager	:ha it w we	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the regis lability co of the lim	tered office mpany, it is ited liability	e and the business of s hereby confirmed y company or as of	office of I that the	the rechan	egistered ge(s)
		/s/ Seth Cohen	Seth	Cohen, Au	uthorized Person			
Sig	inal	ure of a member or authorized representative of a member			Printed or typed name	e of signe	:	
prov the o to m notij	risi Obli ere fiec	oy accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It in writing of this change.	ree to act performed for in C hereby co	in this cape ince of my c hapter 605 infirm that t	ucity. I further agg duties, and I am fa , F.S. Or, if this d the limited liability	ree to co miliar w locument v compai	mply ith an is be ny ha:	with the ad accept ing filed s been
Sign		e of Registered Agent Corporation Service Company	BY: G	race E. Kir	rby, Asst. Vice Pr	resident		