41600015039

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					
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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. Na	ame of the limited liability company: SALES HOLD	INGS, LLC		
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3310 Mary Street Suite 302		3109 GRAND AVENUE #349	
	Coconut Grove, FL 33133		Coconut (Grove, FL 33133
	06/16/2016		L16000115	5039
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State	- e:
	NRAI SERVICES, INC.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			20
	1200 S PINE ISLAND RD			508 - 24 J
	PLANTATION . F	33324		2024 JUN 18 PM 4:
				-
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	iress:	· —
	Corporation Service Company			ω
	NEW Registered Office Address:			-
	1201 Hays Street	 		-
	Tallahassee, F	32301		_
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited leave authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne registere liability con s of the lim	d office and mpany, it is ited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
	ture of a member or authorized representative of a member	JILL	CILMI, AU	THORIZED PERSON
			-	Printed or typed name of signee
пощие	by accept the appointment as registered agent and agens of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	gree to act e performa led for in C I hereby co	in this capa nce of my a hapter 605 nfirm that t	icity. I further agree to comply with the hities, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Signatu	Mrcae LKuble re of Registered Agent	GRACE E	KIRBY,	ASST. VICE PRESIDENT