L17000021545

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.3).0.0.0.0.0.0
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2022 SEP -6 AH 8: 33





2804 Gateway Oaks Drive #100 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

REFERENCE:

Christopher Gonzalez

1835345

AE:

Date: September 01, 2022

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX: 850-687-6381

PLEASE PERFORM THE FOLLOWING:

SOUT AFRICA 2 PROPERTIES INV LLC

File Change of Registered Agent

IN: FL

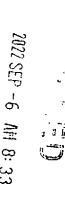
TO:

PLEASE RETURN:

PLEASE CALL (800)533-7272 ATTN: Christopher Gonzalez TO CONFIRM FILING RESULTS

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

1960



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.

2. (a)	9999 Collins Ave., PH3D	(b) 99	99 Collins Ave., PH	3D		
_: (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of li	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Bal Harbour, FL 33154	Ва	l Harbour, FL 33154	1		
	01/27/2017	L17	7000021545			
3.	Date of filing/registration in Florida	4.	Document numb			
5. (a)						
(,	Registered Agent and Registered Office shown on the record	s of the Florida Dept.	of State:			
	Marilyn Bo Carsley					
	Registered Office Address	ET ADDRESS)		2027		
	9999 Collins Ave., PH3D			7022 SEP		
	Bal Harbour	FL_33154		P-6		
				· = 11		
(b)	Enter name of NEW Registered Agent and/or NEW Register	ered Office address:		M 8: 33		
	Paracorp Incorporated			ω		
	NEW Registered Office Address:					
	115 Office Plaza Drive, 1st Floor					
	Tallahassee	FL 32303-323	0			
the cha agent v was/we the arti	imited liability company is not organized under the inge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of ture of a member or authorized representative of a member by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provedly reflect a change in the registered office address of the change in the registered office address.	s of the registered d liability comparers of the limited liabilithe liab	office and the business y, it is hereby confirme iability company or as o ty company, ibin Printed or typed nar is accurated. I forthered	s office of the registered that the change(s) otherwise provided in the office of signee	ered n	

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

Signature of Registered Agent