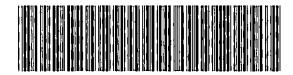
## . 117000040322

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200318819392

10/01/18--01033--002 \*\*925.00

2010 OCT - 1 4M | 1: 37

OCT O 6 2018

## **COVER LETTER**

	egistration Section ivision of Corporations		
SUBJEC	T: S-Lo3 Investor, LLC Nan	ne of Limited Liability Company	
Dear Sir o	or Madam:		
The enclo	sed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please ret	urn all correspondence concerning th	is matter to the following:	
Ka	thy Moro		
	Name of Person		
Fra	ank Weinberg Black, P.L.		
	Firm/Company		
78	05 SW 6th Court		_,
	Address		200 <b>200 2</b>
Pla	antation, FL 33324		ZII OCI - I
	City/State and Zip Code		
<u>Lyn</u> E-m	da.Watkins@Stiles.com_KMoro@fwblaw.net ail address: (to be used for future and	nual report notification)	
For furthe	er information concerning this matter,	please call:	- 중대 <b>=</b>
Lynda W	atkins	at ( 954 ) 627-9350	<u></u>
Name of I	Person	Area Code & Daytime Telephone Number	
R D C 20	TREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
E	nclosed is a check for the following	amount:	
Œ,	Í \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

## · STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTHFOR 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. Name of the limited liability company: <u>S-LO3 Investor</u> ,	LLC	
2. (a) ATTN: Lynda Watkins	(b) <u>SAME</u>	
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  301 E LAS OLAS BLVD	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
FT. LAUDERDALE, FL 33301		
02/20/2017	1.17000040322	
3. Date of filing/registration in Florida	4. Document number	
5. (a) CORPORATION SERVICE COMPANY  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  1201 HAYS STREET  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
TALLAHASSEE . FL		
(b) FRANK WEINBERG & BLACK P.L. Enter name of NEW Registered Agent and/or NEW Registered 7805 SW 6th Court NEW Registered Office Address: C/O DAVID BLACK, ESQ.		
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	the registered office and the business office of the registered pility company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in	
Signature of a member or authorized representative of a member	Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address. I had notified inwriting of this change.  Signature of Registered Agent	re to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been	

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