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(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Cit	y/State/Zip/Phone #	*)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	?)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only

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2021 OCT -5 PM 1: 52 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations						
SDS ACQUISITION LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Register	red Office Change and	fee(s) are submitted for filing.				
Please return all correspondence concer	ming this matter to the	following:				
CARLOS E. IMERY						
Name of Perso	n					
Firm/Company	,					
2020 PONCE DE LEON BLVD, SUITE 10	005A	_				
Address						
CORAL GABLES. FL 33134						
City/State and Zip	Code					
cimery@benreg.com						
E-mail address: (to be used for fu	ture annual report noti	fication)				
For further information concerning this	matter, please call:					
jocelyn torres	786 at (2534885				
Name of Person	ar (Area Code & Daytime Telephone Numb				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the fo	ollowing amount:					
\$25 Filing Fee	<u> </u>	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2:14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuam 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.

	ume of the limited liability company: 2020 PONCE DE LEON BLVD, SUITE 1005A		2020	PONCE	DE LEON	BLVD, SU	JITE 10	005A
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address				s of limited liability company: **BE POST OFFICE BOX**		
	CORAL GABLES, FL 33134		COR	RAL GAB	SLES, FL 3	3134		
	05/16/2017	_		00108955	<u>.</u>	, <u> </u>		
3.	Date of filing/registration in Florida	4.		Dc	cument n	umber		
	OSIASON LEE I	••		•				
5. (a)	Registered Agent and Registered Office shown on the records of th	ne Florida	i Dept.	of State:				
	OSIASON, LEE J		•			S	21	
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	<u></u> S)			TA	12	
	201 ALHAMBRA CIRCLE 1205					V 1.1	2021 OCT	
	CORAL GABLES, FL 3	33134				HAS:	-5	9 8 9 0 8 9 0 0 8 9 0 8 9
(b)	CARLOS E. IMERY						PH Is:	
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	dress:				52	
	CARLOS E. IMERY							
	NEW Registered Office Address:							
	2020 PONCE DE LEON BLVD, SUITE 1005A							
	CORAL GABLES . FL 3	33134						
thange agent v vas/we he arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization of the operating agreement of the limited liabers.	egistere pility co the lim mited l	ed offi mpany iited li iability	ce and they, it is he ability conpany company E. IMERY	e business reby confi ompany or ny.	s office of irmed that as otherw	the reg the cha ise pro	istered ange(s)
	ture of a member or authorized representative of a member				• •	d name of si	-	
rovisi he obl o merc	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point of my position as registered agent as provided jety reflect a change in the registered affice address. The lim writing of this change.	e to act erforme for in C rreby co	in this ince of hapte infirm	s capacit f my duti r 605, F, that the	v. I furthe ex, and Lo S. Or, if t limited lia	r agree to im familia his docum ibility com	compl r with i ent is l pany h	v with the and accept being filed as been
	re of Registered Agent							