## Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE SDC-GADOT LLC

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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

Florida 1. Na	nme of the limited liability company: SDC-GA	4DO	T L	LC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) _		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	10/18/2017  Date of filing/registration in Florida	 	_ <u>L</u>		0216265
5. (a)	SDSI MANACEMENT INC			pt. of State:	
		FL 331		<u>ss</u> :	
	7901 4th St N  NEW Registered Office Address:  STE 300				
	St. Petersburg	<sub>FL</sub> 337	02		
the cha agent v was/wa	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of t	of the re Uliability s of the	egiste: y com limite	red office pany, it is d liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
R	iture of a member or authorized representative of a member	F	₹iley	Park	
Lharo	nure of a member or authorized representative of a member by accept the appointment as registered agent and c ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address,	igree to te perfo ded for I hereb	act in orman- in Cha y con	this cana	Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accep F.S. Or, if this document is being filed the limited liability company has been

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

- Assistant Secretary

notified in writing of this change.

Signature of Registered Agent

Bill Havre