## L18000070723

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	<del> </del>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	Ū	
1		

Office Use Only



200386006702

SECRETARY OF STATE

STATE

SECRETARY OF STATE

EURE DARY OF CIDAL LLAHASSEE, FLORID

O SIMMONS
APR 2 8 2077

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 637936 8368279 AUTHORIZATION COST LIMIT ORDER DATE: April 25, 2022 ORDER TIME : 8:36 AM ORDER NO. : 637936-009 CUSTOMER NO: 8368279 CHANGE OF AGENT NAME: DELTA SETTLEMENTS SPECIAL PURPOSE VEHICLE LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

.1

## 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)	Principal office address of limited liability company:	(t	o)	Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)		•	(Note: MAY BE POST OFFICE BOX)	
	135 W BAY ST 500		135 W BA	AY ST 500	
	JACKSONVILLE, FL 32202		JACKSON	NVILLE, FL 32202	
	03/20/2018		L18000076	0723	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)				ج-	
,	Registered Agent and Registered Office shown on the records C T CORPORATION SYSTEM	of the Florida	Dept. of State	2022 APR 27 AH 7: 24 SECRETARY OF STATE SECRETARY OF STATE STALLAHASSEE, FL	П
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS	<u> </u>	LA 2	-
	1200 SOUTH PINE ISLAND ROAD			TAS TAS	17
	PLANTATION	FL_33324		22 APR 27 AH 7: 24 ECRETARY OF STATE TALLAHASSEE, FL	C
				FAT 24	
(b)	Enter name of NEW Registered Agent and/or NEW Register		4	m	
	timer name of New Registered Agent and/or New Register	rea Office ad	<u>aress</u> :		
	Corporation Service Company				
	NEW Registered Office Address:		· -	-	
	1201 Hays Street				
	Tallahassas	20204			
	Tallahassee	FL		-	
If the li	mited liability company is not organized under the lor changes are made, the Florida street address of tivil be identical. Or, in the case of a Florida limited	he registere liability co	d office and mpany, it is ited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
change agent w was/we	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the		iability com	• •	
change agent w was/we the artic /s/M	cles of organization or the operating agreement of thichael_Upchurch	he limited l	•	ch, Member	
change agent w was/we the artic /s/M Signat	cles of organization or the operating agreement of the	he limited l Micl	nael Upchur	Printed or typed name of signee	

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