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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.

1. }	Name of the limited liability company: SD CUSTO	M GHAPF	IICS LLC
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 299 W 15TH STREET	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PANAMA CITY, FL 32405		·
	07/11/2018	L	.18000167972
3. 5. (a) (b)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC	4. — 4. — 5. — 5. — 5. — 5. — 5. — 5. —	Document number
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 5237 SUMMERLIN COMMONS BLVD STE 400 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		Dept. of State:
		33907	HAY 15
	ROCKET LAWYER CORPORATE SERVICES LLC Enter name of NEW Registered Agent and/or NEW Registered Office address:		- R 3
	155 OFFICE PLAZA DRIVE, 1ST FLOOR		
	NEW Registered Office Address:		
	TALLAHASSEE ,,	_{FL} 32301	
the c agen was/	e limited liability company is not organized under the change or changes are made, the Florida street address it will be identical. Or, in the case of a Florida limited were arthorized by an affirmative vote of the members of organization or the operating agreement of the street of	of the regist liability con s of the limit he limited lia	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
SIS	Signature of a member or authorized representative of a member		Printed or typed name of signee
I ha provi the o to mo notifi	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple obligations of my position as registered agent as provieurly reflect a change in the registered office address, and in writing of this change.	te performai	n this capacity. I further agree to comply with the

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

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