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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

I. N	lame of the limited liability company: SSH CAPITA	гпс	
2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	220 KINGS POINT DR, APT 208		
	SUNNY ISLES BEACH, FL 33160	-	
	07/12/2018	L18	3000168408
3.	Date of filing/registration in Florida	4.	Document number
5. (a	LEGALING CORPORATE SERVICES INC.		
J. (4	Registered Agent and Registered Office shown on the records of	the Florida Dep	t, of State:
	5237 SUMMERLIN COMMONS BLVD STE 400		2019
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	9
			HAY
	FORT MYERS	33907	
(L)	BOCKET LAWYER CORPORATE SERVICES LLC		D PN IS:
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	
	155 OFFICE PLAZA DRIVE, 1ST FLOOR	•	" 7
	NEW Registered Office Address:		
			
	TALLAHASSEE , FL	32301	_
the chagent was/y	limited liability company is not organized under the laviange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registere ability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
$\perp \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	mu foll	JESSIC.	A SCHOLL, AUTHORIZED REPRESENTATIVE
Y gr	ature of a member or authorized representative of a member		Printed or typed name of signee
the old to me notific	eby accept the appointment as registered agent and agreeins of all statules relative to the proper and complete illigations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change. So Jay	ree to act in t performance a for in Chap hereby confi	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed im that the limited liability company has been
	Parissa a diamen		

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

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