Division of Corporations

Florida Departinent of State Division of Corporations Electronic Killing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001466793)))



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To:			
10:	Division of Corporations		
	Fax Number : (850)617	TALLS	
From:			
	Account Name : REGISTER Account Number : I2009000	RED AGENTS INC.	C.F
	Phone : (307)200		(A)
	Fax Number : (855)330		ing.
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Help

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.

L. N	ame of the limited liability company: SOIGNE	SOL	ND FI	_C			
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	(b)				
	7901 4th St N STE 300	7901 4th St N STE 30			300		
	St. Petersburg FL 33702	_	St. Petersburg FL 33702 L18000171242				
	07/16/2018						
3.	Date of filing/registration in Florida	4.		Document num	ber		
5. (a)	Rodrigue, Diambonda						
J. (u)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	- e:			
	7901 4th St N						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-			
	STE 300						
	St. Petersburg , FI	3370	2	-	===	201	
				-	!' F -	2019 MAY -3	
(b)	Registered Agents Inc.			_	<u>;.,</u>	<u> </u>	2.42.23 <u>2.2</u>
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office at	<u>ldress</u> :		(2) (2)		;]enaa
	7901 4th St N				Inlinascee fl	Ħ	TT .
	NEW Registered Office Address:			-	75	9: (
	STE 300			_	Fi	00	
	St. Petersburg	3370	2				
10 day 1	imited liability company is not organized under the la	wa af the	s Crora of Ele	- orida it is borobs	u asaliem	and that	ofter
the cha	ange or changes are made, the Florida street address of	f the regi	istered office	e and the busines	ss office	of the re	gistered
	will be identical. Or, in the case of a Plorida limited li ere authorized by an affirmative vote of the members of						
the art	icles of organization or the operating agreement of the	limited	liability con	npany.	0.20.	o provi	ava ni
	Litury Tarks	Rile	ey Park				
_	ture of a member or authorized representative of a member			Printed or typed na	_		
пацује	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I dim writing of this change.			acity. I further a duties, and I am 5, F.S. Or, if this the limited liabil	igree to c familiar docume lity comp	comply with an mit is bei any has	with the d accept ng filed been
	Bill Havre - Assistan	n Secre	etary				