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(Requestor's Name)						
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R. WH!TE JAN 11 2020

COVER LETTER

	istration Section ision of Corporations				
SUBJECT:	SGSL FEE OWNER LLC				
oobazer.		nited Liability Company			
Dear Sir or	Madam:				
The enclose	d Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.			
Please return	n all correspondence concerning this matte	to the following:			
JEFF KRINS	SKY				
	Name of Person				
PANTHER (CAPITAL MANAGEMENT, LLC				
	Firm/Company				
1172 S. Dixi	e Hwy. Ste. 502				
_	Address				
Coral Gables	s. FL 33146				
	City/State and Zip Code				
JKrinsky@p	antherem.com				
E-mail	address: (to be used for future annual repo	ort notification)			
For further i	nformation concerning this matter, please of	call:			
Ayax Christe	opher 3	05 374-1753			
	Name of Person	Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: gistration Section ision of Corporations Box 6327 Iahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the following amoun	t:			
3 \$	25 Filing Fee	S55 Filing Fee & Certified Copy			

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 [†] Na	ame of the limited liability company: SGSL FEE OWN	ER LL	C			
2. (a)			(b)	ı		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	• • •	Mailing addres	s of limited liability company BE POST OFFICE BOX)	y:
	1172 S. Dixie Hwy. Ste. 502 Coral Gables Fl 33146			1172 S. Dixie Hwy. Ste	. 502 Coral Gables FI 331	46
	08/14/2018]	L18000195640		
3.	Date of filing/registration in Florida	4.	_	Document r	number	
5. (a)	PANTHER CAPITAL MANAGEMENT, LLC					
,	Registered Agent and Registered Office shown on the records of	the Flori	ida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRE</u>	SS			
	333 S MIAMI AVE STE 150				16182	
	Miami	33130			= .	•
		' 	_		1	
(b)					~	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	add	ress:		j
					\odot	-
	NEW Registered Office Address:				S	
	1172 S. Dixie Hwy. Ste. 502					
	Coral Gables, FL	33146				
change agent w was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility of the li limited	erec cor imi His	I office and the busines npany, it is hereby con ted liability company of ability company.	ss office of the registere firmed that the change(s	ed s)
Signat	are of a member or authorized representative of a member	— 11:	: 1- 1-	KRINSKY Printed or ton	ed name of signee	
I herel provisi the obl. to mere notified	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect with ange in the registered office address, I have been address, I have been a first change.	ee to a perfori I for in pereby	ct i mai coi	n this canacity. I furth	er aurae to comply with	h the ccept filed en

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

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