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09/27/24--01009--003 **290.00

2024 AUS 27 PH 5: 16

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	SD PREMIER STUCCO LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.			
Please	return all correspondence concerning this ma	tter to the following:			
Willian	n Branco				
	Name of Person				
	Firm/Company				
9484 B	loggy Creek Road				
	Address				
Orlande	o, FL 32824				
	City/State and Zip Code				
officen	nanager@sdstucco.com				
E	-mail address: (to be used for future annual re	eport notification)			
For fur	ther information concerning this matter, pleas	se call:			
Willian	n Branco at				
	Name of Person	Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amount	unt:			
	■ \$25 Filing Fee	☐ \$55 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: SD PREMIER ST	ΓUCCO	LLC		
2. (a)	9484 BOGGY CREEK ROAD #B		948 (b)	484 BOGGY CREEK ROAD #B	
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX	
	ORLANDO, FL 32824	_	OR	ORLANDO, FL 32824	
	09/17/2018		L180	8000220837	
	Date of filing/registration in Florida	4.		Document number	
i. (a)	Losey PLLC				
	Registered Agent and Registered Office shown on the records of 1420 Edgewater Drive Registered Office Address (MUST BE FLORIDA STREET)	pt. of State:			
	Orlando , FL	32804		2024 AUG	
(b) _	William Branco			ALASSEE	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			SS 7 PH	1
	9484 Boggy Creek Road				
	NEW Registered Office Address:			r. on	
	Orlando , FL	32824			
hange gent v /as/we	mited liability company is not organized under the law or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li limited	ered off compar mited l I liabili	office and the business office of the registe any, it is hereby confirmed that the change I liability company or as otherwise provide	ered e(s)
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	
rovisi he obli o mere	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	ree to a perfori d for in hereby	ct in th nance Chapt confirn	this canacity. I further garey to comply w	ith the accept g filed been
Signatur	e of Registered Agent				