18000341938

(R	equestor's Name)		
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(B)	usiness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filling Officer:				
	ORNE 2022			
L <u> </u>				

Office Use Only



200386742042

2022 MAY (14 PM 12: 45 SECRETARY OF START SECRETARY OF START

MECRINED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 692352 8281792

AUTHORIZATION

COST LIMIT : \$725.00

ORDER DATE: May 18, 2022

ORDER TIME : 8:04 AM

ORDER NO. : 692352-031

CUSTOMER NO: 8281792

CHANGE OF AGENT

NAME: SSK & OFFLINE SFH PORTFOLIO,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

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. N	lame of the limited liability company: SSK & OFFLIN	NE SFH I	PORTFO	DLIO, LLC	
2. (a)					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3020 NW 73rd ST Suite 5		3020	NW 73rd ST Suite 5	
	MIAMI, FL 33147		MIAM	AI, FL 33147	
	10/12/2018		L18000	0241938	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	1				
5. (a	Registered Agent and Registered Office shown on the records o	f the Florid	la Dept. of	f State:	
	LITTLEWOOD, CODY W		·		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>		
	370 NE 158TH ST			202 St. TAL	
	MIAMI	33162		2022 MAY 19 PM 12: SECRETARY OF STA ALLAHASSEE, FLOR	η
(b)					77
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress:		
	Corporation Service Company			PH 12: 45	,
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee	32301			
	· '	1			
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e register iability c of the lir	ed office ompany, nited lial	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided it	
/s	Cody Littlewood	Co	dy Little	wood, Authorized Person	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mei	thy accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide vely reflect a change in the registered office address. I d in writing of this change.	ree to ac perforn d for in hereby c	t in this lance of Chapter confirm t	capacity. I further agree to comply with a my duties, and I am familiar with and acc 605, F.S. Or, if this document is being fi that the limited liability company has been	he ept led t
	s/Grace E. Kirby		Grace E	E. Kirby, Asst Vice President	
Signat	ure of Registered Agent				