6/25/2020

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC REGISTERED AGENT CHANGE SM ORLANDO PROPERTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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`\	COVER LETTER .
ΓO: Registration Section Division of Corporations	
SM Orlando Property LLC SUBJECT:	
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
LUCY LEE	
Name of Person	
HSMG	
Firm/Company	
41 MADISON AVE, 31ST FLOOR	
Address	<del></del>
NEW YORK, NY 10010	
City/State and Zip Code	
LLEE@HSMGRP.COM	
E-mail address: (to be used for future annu	nal report notification)
For further information concerning this matter, I	please call:
SIMRAN MALHOTRA	973 615-7010 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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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.

1. Na	ame of the limited liability company: SM ORLANDO	PROPER	RTY LLC	
2. (a)			o)	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX)
	9100 Conroy Windermere Road, STE 200		9100 C	onroy Windermere Road, STE 200
	WINDERMERE, FL 34786		WINDE	RMERE, FL 34786
	7/19/2019		L190001	83211
3.	Date of filing/registration in Florida	4.		Document number
	LEE, LUCY			
5. (a)	Registered Agent and Registered Office shown on the records of 9100 CONROY WINDERMERE ROAD STE 275	of the Florid	a Dept. of S	late
	Registered Office Address (MUST BE FLORIDA STREET	TADDRES.	2)	2020 JF:
	WINDERMERE,	34786		
		·L	<del></del>	25
(b)				
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office as	ddress	<del>-</del>
	Corporation Service Company			9: 16
	NEW Registered Office Address			
	1201 Hays Street	<del>-</del>		<u></u>
	Tallahassee	FL		
chang agent	limited liability company is not organized under the let or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the work.	ne register liability c s of the lir se limited	ompany, i nited liabi liability c	t is hereby confirmed that the change(s) lity company or as otherwise provided in
Sign	nature of a member or authorized representative of a member			Printed or typed name of signee
I her provi- the ol- to me	eby accept the appointment as registered agent and a stons of all statutes relative to the proper and comple bligations of my position as registered agent as provided rely reflect a change in the registered office address, ed in writing of this change.	gree to ac le perforn ded for in I hereby c	et in this con nance of n Chapter ( confirm th	apacity. I further agree to comply with the by duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been

Signature of Registered Agent