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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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LLC REGISTERED AGENT CHANGE SAMMICH FAMILY INVESTMENTS, LLC

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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. 8	Tame of the limited liability company: SAMMICH F	FAMILY II	NVEST	MENTS, LLC		 	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
3.	07/30/2019 Date of filing/registration in Florida	 	L190001	194518 Document number			
-	CLINE, MICHAEL A						
5. (a	Registered Agent and Registered Office shown on the records of	t the Florida I	Dept. of Stati	 e:			
	105 LIGHTHOUSE CIR						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		_			
	APT B		_				
(b)	TEQUESTA, FI	L <u>33469</u>		_			
	Northwest Registered Agent LLC						
	Enter name of NEW Registered Agent and/or NEW Registered	上 日 日 日	62 NM E	APPI FI			
	7901 4th St N	Sico Sico	3	PPROVED AND FILED			
	NEW Registered Office Address:	·					
	STE 300			2: O			
	St. Petersburg , FI	_{L_} 33702		_			
the chagent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address o 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	f the regist iability con of the limit	ered office npany, it is ed liability	e and the business offices in the same of	ce of th It the cl	e registered nange(s)	
$\angle Z$	W Smith	Nat S	Smith				
Sign	ature of a member or authorized representative of a member			Printed or typed name of	ignee		
provis the ob to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ged in writing of this change.	ree to act i e performa ed for in Cl hereby cor	n this cape ace of my a apter 605 afirm that	acity. I further agree to dutics, and I am famili 5, F.S. Or, if this docut the limited liability con	o comp ar with nent is npany	oly with the and accept being filed has been	
Xignat	Taylor Newman - Assistant Secretar	ry					