19000207794

| (Requestor's Name) | | | | | |
|---|--------------------|-------------|--|--|--|
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| | | | | | |
| | | | | | |
| (Bu | isiness Entity Nam | ne) | | | |
| | | | | | |
| (Document Number) | | | | | |
| (50 | cument Nomber | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
| | | | | | |
| <u> </u> | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | į | | | |
| | | } | | | |
| | | | | | |

Office Use Only



600386742006

2022 MAY 19 PH 3: 52 SEORETAINY OF STATE TALLAHYSSEE, FL

RECHIVED

A. BUTLER MAY 2 0 2022

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | | | |
|---|--|--|--|--|--|--|
| REFERENCE : 692352 8281792 | | | | | | |
| AUTHORIZATION: Symuloce man | | | | | | |
| COST LIMIT : \$ 25.00 | | | | | | |
| ORDER DATE: May 18, 2022 | | | | | | |
| ORDER TIME : 8:03 AM | | | | | | |
| ORDER NO. : 692352-027 | | | | | | |
| CUSTOMER NO: 8281792 | | | | | | |
| | | | | | | |
| CHANGE OF AGENT | | | | | | |
| | | | | | | |
| | | | | | | |
| NAME: SANDBAR LABS, LLC | | | | | | |
| | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | |
| | | | | | | |
| CONTACT PERSON: Alexxis Weiland EXT# | | | | | | |

EXAMINER:

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: SANDBAR LAE | BS, LLC | | |
|-------------------------------|---|---|---|--|
| | | | 3 | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0 | ·) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 370 NE 158TH ST | | 370 NE | 158TH ST |
| | MIAMI, FL 33162 | | MIAMI, F | FL 33162 |
| | 08/14/2019 | | L1900020 | 77794 |
| 3. | Date of filing/registration in Florida | — _{4.} - | | Document number |
| | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of Sta | |
| | LITTLEWOOD, CODY W | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS | | _ |
| | 370 NE 158TH ST | | 2 | |
| | MIAMI FI | 33162 | | |
| | | | | E E E E E E E E E E |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Office add | <u>dress</u> : | 27 |
| | Corporation Service Company | | | |
| | NEW Registered Office Address: | | | |
| | 1201 Hays Street | | | PM 3: 52 OF STATE SFE. FI |
| | Tallahassee FI | 32301 | | _ |
| change agent v was/we | imited 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 litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | registere ability cor of the lim | d office ar mpany, it ited liabili | nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in |
| | /s/Cody Littlewood | Cod | y Littlewoo | od, Authorized Person |
| Signa | ignature of a member or authorized representative of a member | | Printed or typed name of signee | |
| provisi the obl to mere | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I din writing of this change. | ree to act performa d for in C hereby co | in this cap ince of my hapter 60 infirm that | pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |
| | /s/Grace E. Kirby | Grace E. Kirby, Asst Vice President | | |
| Signatu | re of Registered Agent | | | |