L19000209129

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					



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Office Use Only

2020 SE 17 AH 8: 04

C. GOLDEN SEP 1 8 2020



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	09/17/2020	
Name:	Merritt Walker	
Reference #:	1234721	
		SZ MIAMI, LLC
		rization to Transact Business
Amend	dment	
Chang	e of Agent	
☐ Reinst	atement	
☐ Conve	rsion	
☐ Merge	r	
☐ Dissolu	ution/Withdrawal	
☐ Fictitio	us Name	
Other_		
Authorized Ar	mount: \$25	
Signaturo	mw	

P: +852.2682.9633 F: +852.2682.9790

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.

I. N	ame of the limited liability company: SZ MIAMI, L	_LC		
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	limited liability company: E POST OFFICE BOX)
	No Change	_ <u>N</u>	o Change	
	August 21, 2019		L190002	209129
3.	Date of filing/registration in Florida	4.	Document nui	nber
5. (a)	Corporation Service Company			
` `	Registered Agent and Registered Office shown on the records of	the Florida Dep	ot, of State:	
	1201 Hays Street			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
				~2
	Tallahassee FL	32301-25	525	2020 SE · 17
(b)	COGENCY GLOBAL INC.			
(17)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	 <u>:</u> :	
	115 North Calhoun St., Suite 4			AH 8: C
	NEW Registered Office Address:			40
	Tallahassee, FL	32301		
he cha igent v was/w	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registere ability compact the limited	ed office and the busing any, it is hereby confir Tiability company or a	ess office of the registered med that the change(s)
	ordon O. Jesperson		O. Jesperson	
	ture of a member or authorized representative of a member		Printed or typed	name of signee
provis. he obi to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as providedly reflect a change in the registered office address. If do not in writing of this change.	ee to act in t performance I for in Chap hereby confit	his capacity. I further of my duties, and I ar oter 603, F.S. Or, if th m that the limited liab	agree to comply with the familiar with and accept is document is being filed ility company has been

Signature of Registered Agent Tim Mayville, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00