L19000219593

()	Requestor's Name)					
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations Suwanee Avenue Holdings, LLC SUBJECT: _ Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Caroline Lascek Name of Person K&L Gates LLP Firm/Company 210 Sixth Avenue Address Pittsburgh, PA 15222 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Davtime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 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

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: Suwanee Aven	ue Holdii	ngs. LLC
2.	(a)	1126 Castletown Ct.	(b)	1126 Castletown Ct,
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Sewickley, PA 15143		Sewickley, PA 15143
		09/06/2019		L19000219593
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	DENTONS COHEN & GRIGSBY P.C., INC.		
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
9110 STRADA PLACE STE 6200				
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	FIL 2024 APR 19 Secretary
		NAPLES,		APR 19 PM 12:
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office addr	
		Corporation Service Company		
		NEW Registered Office Address:		
		1201 Hays Street		
		Tallahassee , FL	32301	
cha age wa	ange ent v is/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of preminations or the operating agreement of the li	egistered pility com the limit	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
		John C. Glover	Joh	n C. Glover, Manager
5	Signar	ture of a member #87 #88 #68 #68 #69 representative of a member		Printed or typed name of signee
pro the to	ovisie obli mere	by accept the appointment as registered agent and agred ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided j by reflect a change in the registered office address. I he I in writing of this change.	e to act in erforman for in Ch rreby con	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14) CSC COA-4213

Shauna Godbolt