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> > (((H19000365472 3)))



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14154847068

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Phone Fax Number : (561)694-1639

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SUGAPA II LLC**

Certificate of Status	0
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Page Count	02
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DEC 2 " 2018

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## H19000365472

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

· <del>play</del>			
1. The name of the limited liability company is: SUGA	PA II LLC		
2.(a) Principal office address of the limited liability company:	720 S. SAPODILLA AVE., #309		
(Note: MUST BE STREET ADDRESS)	WEST PALM BEACH FL 33401		
(b) Mailing address of limited liability company:	720 S. SAPODILLA AVE., #309		
(Note: MAY BE POST OFFICE BOX)	WEST PALM BEACH FL 33401		
9/18/2019	L19000228430		
Date of filing/registration in Florida	Document number		
5.(a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:		
Registered Agent:	GRINBERG, SUSAN		
Registered Office Address:	720 S. SAPODILLA AVE. #309.		
	West Palm Beach FL 33401		
(b) Enter name of NEW Registered Agent and/or NEW R			
NEW Registered Agent:	Corporate Creations Network Inc., 7		
NEW Registered Office Address:	801 US Highway 1		
(MUST BE FLORIDA STREET ADDRESS)			
	North Palm Beach FL 33408		
or changes are made, the Florida street address of the registered identical. Or, in the case of a Florida limited liability company an affirmative vote of the members of the limited liability compt the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)	, it is hereby confirmed that the change(s) was/were authorized by		
Kristen Espinales, Attorney-in-Fact (Printed or Typed name of signee)			
I hereby accept the appointment as registered agent and agree of all statutes relative to the proper and complete performance my position as registered agent as provided for in Chapter 605 in the registered office address, I hereby confirm that the limited	to act in this capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obligations of , F.S. Or, if this document is being filed to merely reflect a change d liability company has been notified in writing of this change.		
(Signature of Registered Agent)  Division of Corporations, P.O. B	lox 6327, Tallahassee, FL 32314		
INHS18(10/99)			
Corporate Creations International Inc.			
801 US Highway 1 North Palm Beach FL 33408 (561) 694-8107			