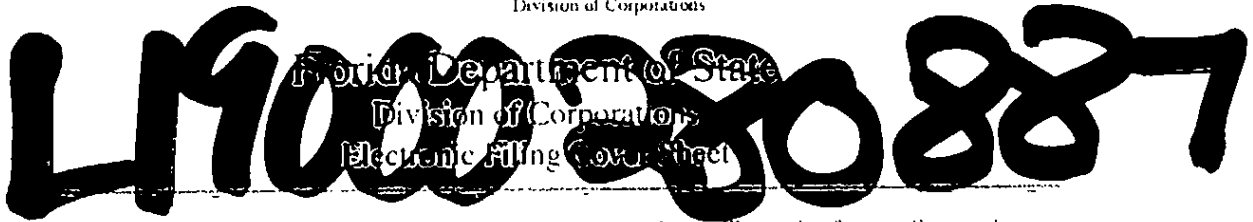


12/4/2019

Division of Corporations



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SALMON LEGAL GROUP, P.L.
Account Number : I20180000045
Phone : (786)508-2020
Fax Number : (786)209-3030

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: filings@salmonlegal.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STPI A-2 LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STPI A-2 LLC

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:

DAVID H. SALMON

Name of Person

SALMON LEGAL GROUP

Firm/Company

1395 BRICKELL AVENUE, STE 800

Address

MIAMI, FL 33131

City/State and Zip Code

FILINGS@SALMONLEGAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID H. SALMON

at (786)

508-2020

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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. Name of the limited liability company: STPI A 2 LLC
2. (a) 1395 BRICKELL AVENUE, SUITE 800
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
MIAMI, FL 33131
- (b) 1395 BRICKELL AVENUE, SUITE 800
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
MIAMI, FL 33131
3. 11/12/2019
Date of filing/registration in Florida
4. L19000280887
Document number

5. (a) SALMON LEGAL GROUP
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1395 BRICKELL AVENUE, SUITE 800

MIAMI, FL 33131

- (b) SALMON LEGAL GROUP
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1395 BRICKELL AVENUE, SUITE 800

MIAMI, FL 33131

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

David Salmon
Signature of a member or authorized representative of a member

DAVID H. SALMON

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Salmon
Signature of Registered Agent

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

FILED
2019 DEC -4 A M 35
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS