3/4/2020

Division of Corporations

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LIC DECISTEDED ACENT CHANGE

LLC REGISTERED AGENT CHANGE SILVER LINING YACHT, LLC

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Help O SIMMONS
MAR 1 6 2020

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.

l. Na	ame of the limited liability company: SILVER LINING	YACHT,	LLC			
2. (a)	1605 LANDS END ROAD	(b) 500 North Hurstbourne Parkway, Suite 400				
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(**		Mailing address of limited liabili (Note: MAY BE POST OFF)		
	MANALAPAN, FL 33462		Louisville,	KY 40222		
	12/03/2019	_	L190002955	525	,	
3.	Date of filing/registration in Florida	4,	· · · · · · · · · · · · · · · · · · ·	Document number		
5. (a)	NICHOLS, JACK D					
(11)	Registered Agent and Registered Office shown on the records of the Fiorida Dept. of State 1605 LANDS END ROAD			2		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- A	2020 H AR	٠
	MANALAPAN, FL_	33462		- :	-	TOTAL
	C T Corporation System				Æ	1 1
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		AM II: 33	
	NEW Registered Office Address:			_		
	1200 South Pine Island Road			_		
	Plantation ,FL	33324		_		
the chagent	limited 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 here authorized by an affirmative vote of the members of the of-organization or the operating agreement of the	the regi ability confunction of the lin limited	stered offic ompany, it i nited liabilit liability cor	te and the business office of is hereby confirmed that the ty company or as otherwis	of the regi	stered (s)
_	nure of a member or authorized tapresentative of a member			Printed or typed name of sign		
pravi: the ob to me notifi By:	eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change. CT Corporation System ure of Registered Agent	perforn d for in hereby o James	ance at mu	dulles, and I am Jamiliar 15, F.S. Or, if this docume I the limited liability comp	wun ana i	accen

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