

**Note: Please print this page and use it as a cover sheet.** Type the fax autonumber (shown below) on the top and bottom of all pages of the document.

(((H20000422295 3)))



**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Corporations Fax Number : (850)617-6383	3	
From:	Account Name : REGISTERED AC Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	GENTS INC.	
annual Email A	mail address for this business report mailings. Enter only one ddress:	entity to be used f email address plea	for afuture, se.#*
0 PHI2: 01	LLC REGISTERED AGEN SFAK CAPITAL L		
2020 DEC 10	Certificate of Status Certified Copy Page Count Estimated Charge	0 0 02 \$25.00	: W : F

**Electronic Filing Menu** 

Corporate Filing Menu



AECEIVED

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

7, 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. -

	SFAK Ca	anital II	C	*	
1. Name of the limited liability comp	any	•		·	
2. (a) 3804 RIVER VIEW DF		(b) <u>380</u>	4 RIVER VI		
Principal office address of lim ( <u>Note: MUST BE STR</u>			*	of limited liability company BE POST OFFICE BOX	
BIRMINGHAM, AL 35243	3	BIR	MINGHAM,	AL 35243	
03/27/20		L200	00091258		
3. Date of filing/registrat	ion in Florida	4.	Document n	umber	
5. (a) UNITED STATES CORPO	DRATION AGENT	S, INC.			
Registered Agent and Registered Offic	e shown on the records of	the Florida Dept. o	f State:		
5575 S. SEMORAN B	LVD.				
Registered Office Address (MUST	BE FLORIDA STREET	ADDRESS)			
Suite 36					
ORLANDO		32822		20	
	, FI.			t di	
(b) Registered Agent	s Inc.				
Enter name of <u>NEW Registered Agen</u>	and/or NEW Registered	Office address:	<u>.                                    </u>	DEC 10	
7901 4th St N				3	-
NEW Registered Office Address:				4.5	
STE 300					
St. Petersburg	. FL	33702			
If the limited liability company is not o the change or changes are made, the Fle agent will be identical. Or, in the case was/were authorized by an affirmative the articles of organization or the opera	orida street address of of a Florida limited lia vote of the members of	the registered o ability company of the limited lia	ffice and the busi , it is hereby conf bility company or	iness office of the regis firmed that the change(	stered (s)
Rilling tak		Riley Parl	<		
Signature of a member or authorized representative of a member			Printed or type	ed name of signee	
I hereby accept the appointment as reg provisions of all statutes relative to the the obligations of my position as registe to merely reflect a change in the registe notified in writing of this change.	nroper and complete	nertormance of	my duries and L	an familiar with and a	100 ant

Bill Havre - Assistant Secretary

Signature of Registered Agent

U.

٠

.

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