

L200000364572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

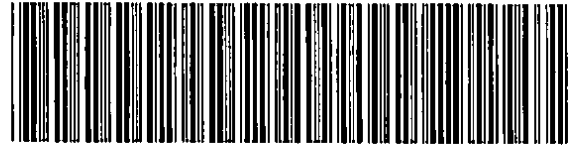
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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PO change

RECEIVED  
2023 JUN 26 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2023 JUN 26 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY  
JUN 27 2023

**CT CORP**  
**(850)656-4724**  
**3458 Lakeshore Drive,**  
**Tallahassee, FL 32312**

**Date:** 06/26/2023

Acc#120160000072

*en: c SW*

Name:	SABAL PARK HOLDCO LLC
Document #:	
Order #:	13912788

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notificati

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00
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Thank you!

**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: SABAL PARK HOLDCO LLC

2. (a) 1935 West Avenue, Suite 106 (b) 1935 West Avenue, Suite 106

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Miami Beach, FL 33139

Miami Beach, FL 33139

11/17/2020

120000364572

3. Date of filing/registration in Florida

4. Document number

5. (a) CT Corporation System

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

100 S. ASHLEY DRIVE SUITE 400

TAMPA, FL 33602

(b) C T Corporation System

Enter name of NEW Registered Agent and/or NEW Registered Office address:

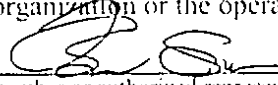
NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

FILED  
2023 JUN 26 AM 9:21  
CLERK OF STATE  
TALLAHASSEE, FL 32314

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.



Ari Sason

Signature of a member or authorized representative of a member

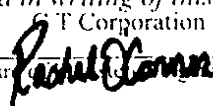
Printed or typed name of signee

*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.*

By: CT Corporation System

Rachel O'Connor - Assistant Secretary

Signature



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

FILING FEE: \$25.00