Division of Corporations **Electronic Filing Cover Sheet** 

Florida Department of State

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

(((H21000244474 3)))



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

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number: 120010000062 Phone: (323)962-8600 Fax Number: (323)962-3889

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

Email Address:

LLC REGISTERED AGENT CHANGE SNP INVESTMENTS GROUP LLC

	52
ECEIVED	÷
$\geq$	<u></u>
REOE	JUN 22
	~ .

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

JUN 23 2021

A. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

## 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.

	ame of the limited liability company:				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)	
	1543 NE 149TH ST.		1543 NI	E 149TH ST.	
	MIAMI, FL 33161		MIAMI,	FL 33161	
	05/21/2021		L210002	37399	
3.	Date of filing/registration in Florida	— 4.	4	Document number	
5. (a)					
·· (=)	Registered Agent and Registered Office shown on the records of VIXAMA M VIXAMA	f the Flor	da Dept. of Stat	91VIS	· · ·
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRE	<u>\$5)</u>	- ISIO	
	1543 NE 149TH ST.			S NOI	자 근
	MIAMI , F	3316	1	0F COR	RY OF STATE
				AM 10: 46	기 기
(p)	Enter name of NEW Registered Agent and/or NEW Registered	4.00	44	- ************************************	747
	Enter name of NEW Registered Agent and/or NEW Registers	d Ollice	inaress:	56 ਨੂੰ ਲ	TÌ
	Marie M. Vixama			S	
	NEW Registered Office Address:			_	
	1543 NE 149th St.				
				-	
	Miami , F	ւ <sub>L</sub> 3316	1	_	
he cha igent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited bere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the repliability of the limited	gistered office company, it i mited liabilit	e and the business office of the regist is hereby confirmed that the change(s ry company or as otherwise provided inpany.	ered
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi he obl o mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	e perfor	mance of my	duties, and I am familiar with and ac	cent
Signatur	re of Registered Agent				