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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE SFGB FINANCING LLC

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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.

Na	ame of the limited liability company: SFGB Financing	LLC				
i. (a)	810 NE 70TH ST		(b) 810 NE 70TH ST			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liabi		
	BOCA RATON, FL 33487		BOCA RA	TON, FL 33487		
				<u> </u>	·	
(a)	Date of filing/registration in Florida LINDEN, PATRICK	 4.		Document number		
	Registered Agent and Registered Office shown on the records of 810 NE 70TH ST	the Flori	da Dept. of Stat	- e:		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u> </u>	_		
	BOCA RATON , FL	33487		V63	2021	
(b) <u>.</u>	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	AHASSEE!	FILED 2021 JUN 21 PM	
	Corporate Creations Network Inc. NEW Registered Office Address:			- Fo	=x 	
	801 US Highway 1			カン: ロー: -	: ()	
	North Palm Beach , FL	33408				
ange ent w as/we artic	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability confithe lin limited	red office and ompany, it is nited liability liability com	I the business office of the hereby confirmed that the company or as otherwise pany. Attorney-In-Fact	e registered e change(s) e provided in	
	ure of a member or authorized representative of a member			Printed or typed name of signe		
ovisio e obli mere	ny accept the appointment as registered agent and agroups of all statutes relative to the proper and complete is gations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.	nerform	ance of miv a	luties, and I am familiar w	ith and accep	
	e of Registered Agent					

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