Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

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

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LLC REGISTERED AGENT CHANGE SRB RETREAT LLC

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To: 18506176383

From, Registered Agents Inc.

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	ane of the limited liability company: SRB Retreat LLC						
	Principal office address of limited liability company:	_ (b)	Mailing address	s of limited	liabilit	y company;
	(Note: MUST BE STREET ADDRESS)	_		(Note: MAY	' BE POST	<u>OFF1</u>	<u>CE BOX</u>)
	06/14/21	_	 L21000275	957			
	Date of filing/registration in Florida	- 4.		Document r	number		
(-)	REGISTERED AGENTS INC.						
. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Stat	u:			
	7901 4TH ST N		·				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS,		_			
	STE 300						
	ST. PETERSBURG . FL.	33702	, · · <u>*</u>	_		2	
				-		7023 JUL -	
(b) _ 1	Northwest Registered Agent LLC			-	主語		ΑP
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	iress;		SS	-7	T _A P _R
	7901 4th St N					2	E300
	NEW Registered Office Address:			_	근얼	ည်	<u>G</u>
	STE 300			_	香港	. F	
	St. Petersburg , FL	33702		_			
e cha ent w is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis bility co f the lim	tered offic mpany, it i ited liabilit	e and the bus s hereby con y company o	siness offi firmed th	ice of at the	the registere change(s)
12	-at Smith	Nat S	Smith		=		
Signat	ure of a member or authorized representative of a member			Printed or typ	ed name of	signee	
ovisi e obli mere otyliga	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I have the continuous of this change.	ce to act performa I for in C iereby co	in this cap ince of my hapter 60, infirm that	acity. I furth duties, and I 5, F.S. Or, if the limited li	ner agree am famil this docu iability co	to co. liar w iment impai	mply with the ith and accept is being filed ny has been
/V	Taylor Newman - Assistant Se	ecretary					