## L22000000602

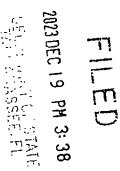
Ann
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400420590444

12/19/23--01036--002 \*\*25.00



## **COVER LETTER**

	gistration Section vision of Corporations						
SUBJECT	Sandhill 8282 LLC						
Name of Limited Liability Company							
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered Of	Tice Change ar	nd fee(s) are submitted for filing.				
Please retu	rn all correspondence concerning t	his matter to th	ne following:				
Ted W. Cha	ng						
	Name of Person		<del></del>				
Sandhill 828	32 LLC						
	Firm/Company		— <del>—</del>				
5175 Bullis	Rd						
	Address		·····				
Saint Cloud	, FL 34772						
	City/State and Zip Code						
florida_annı	ual_report@8282.co.uk						
E-ma	il address: (to be used for future an	nual report no	tification)				
For further	information concerning this matte	r, please call:					
Ted W. Cha	ng	203 at (	539-1744				
	Name of Person		Area Code & Daytime Telephone Number				
Re Di	ailing Address: gistration Section vision of Corporations D. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee				
Та	llahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
En	closed is a check for the followin	g amount:					
■ \$25 Filing Fee			\$55 Filing Fee & Certified Copy				

INHS18 (2/14)

## 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.

(a)	ame of the limited liability company:  Sandhill 8282 LLC		(b) Sandhill 8282 LLC		
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(,		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	5175 Bullis Rd		5175 Bulli	is Rd	
	Saint Cloud, FL 34772		Saint Clou	id, FL 34772	
	12/17/2023				
	Date of filing/registration in Florida	4.		Document number	
(a)	ZenBusiness Inc.				
(u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat			Le:	
	ZenBusiness Inc.	ADDREC		<del></del>	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  336 E. College Ave., Suite 301			2	
	330 E. Conege Ave., Suite 301	e., Suite 301			
	Tallahassee , F	L <u>32301</u>			
				FILE 2023 DEC 19 PI	
(b) <sub>-</sub>	Enter name of NEW Registered Agent and/or NEW Registere	d Office ac	ldress:		
	Junghyun Kim			3: 38 3: 38 5: FIL	
	NEW Registered Office Address:		· <del>-</del>		
	5175 Bullis Rd			_	
	Saint Cloud . F	L 34772			
nge nt v	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited last authorized by an affirmative vote of the members acres of organization or the operating agreement of the	e register iability co of the lin e limited	ed office an impany, it i nited liabilit	nd the business office of the registered is hereby confirmed that the change(sty company or as otherwise provided	
signature of a member or authorized representative of a member			Printed or typed name of signee		

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.

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