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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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O SIMMONS MAR 21 2022

COVER LETTER

Division of Corporations								
SSHB1, LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.							
Please return all correspondence concerning this mat	tter to the following:							
Ken Wazyniak								
Name of Person								
SSHB1, LLC								
Firm/Company								
811 49th Street N.								
Address								
St. Petersburg, FL 33710								
City/State and Zip Code								
Ken.Wazyniak@gmail.com								
E-mail address: (to be used for future annual re	port notification)							
For further information concerning this matter, please	e call:							
Ken Wazyniak	813 732-1391							
Name of Person	Area Code & Daytime Telephone Number							
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
Enclosed is a check for the following amou	int:							
■ \$25 Filing Fee	S55 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.

N	ame of the limited liability company: SSHB1, LLC						
(a)	SSHB1, LLC	(b) SSHB1, LLC					
\	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY E		-	
	6635 9th Avenue N.		6635 9th Avenue N.				
	St. Petersburg, FL 33713		St. Petersl	burg, FL 33713			
	12/22/2021		1.22000001	108			
	Date of filing/registration in Florida	4.		Document nu	mber		
(a)							
(a)	Registered Agent and Registered Office shown on the records of BURG INVESTMENTS, LLC	the Florid	ia Dept, of Sta	nte:			
	Registered Office Address (MUST BE FLORIDA STREET) 811 49th Street N.	ADDRES	<u> </u>	_			
	St. Petersburg	33710				<u></u>	
(h)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			_	BAS .	2022 MAR TU EGESTO	
	Veronica Matteson						•
	NEW Registered Office Address:						
	4832 9th Avenue N.			_		7	
	St. Petersburg	33713					
ange ent v as/we e arti signa here ovisi e obl mere	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cles of organization or the operating agreement of the limited a member or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I in writing of this change.	e register ability c of the lir limited	red office ar ompany, it i nited liabilit liability cor	nd the business is hereby confiity company or mpany. Printed or typed pacific Literals	office of the med that the as otherwise the the the the the the the the the th	ne regist he chan se provi	tered ge(s) ded in

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