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(((H22000239324 3)))



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Account Number : 072731001155 Phone : (813)253-2020 Fax Number : (813)251-6711

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY H22000239324

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.

1. N	ame of the limited liability company: SEHS HVA	C MAR	IOS, LLC	;
2. (a)			(b)	
(_)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	100 N. TAMPA STREET, SUITE 200		100 N	I. TAMPA STREET, SUITE 200
	TAMPA, FL 33602		TAM	PA, FL 33602
	4/1/2022		L2200	0133741
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	DAVID L. KOCHE			
(-/	Registered Agent and Registered Office shown on the records	of the Flori	da Dept. of S	itate:
				<u></u>
	Registered Office Address (MUST RE FLORIDA STREE	T.ADDRE	<u>55)</u>	
	601 BAYSHORE BLVD., STE. 700		_	— <i>ez</i> a —
	TAMPA	_{FL} 3360	6	TALL
(b)	TOM BIRCHARD			FILE 2022 JUL 14 SILE TALLS MASSE
()	Enter name of NEW Registered Agent and/or NEW Register	red Office :	iddress;	FILED
	NEW Registered Office Address:		-	
	16615 SCHEER BLVD.			91.6
	TOO TO COTTEET BEVE.			
	HUDSON , I	FL 3466	7	
change agent w was/we	imited liability company is not organized under the long changes are made, the Florida street address of the till be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	he registe liability o s of the li	red office i company, i mited liabi	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
1/	and the	R	OBERT	E. WILDER
-	d CV = 11 - ser or authorized representative of a member		_	Printed or typed name of signee
I hereb provision the oblination to mere notification	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet gations of my position as registered agent as provia by reflect a change in the registered office address, if In writing of this change.	gree to ac le perforn led for in I hereby c	et in this ca mance of m Chapter 6 confirm tha	pacity. I further agree to comply with the v duties, and I am familiar with and accept 95. F.S. Or, if this document is being filed at the limited liability company has been
السائح	Jistered Agent Tom Birchard			
20002	Division of Corporations P.O	. Box 632	27• Tallab	assee, FL 32314