

222 AU 38 - 412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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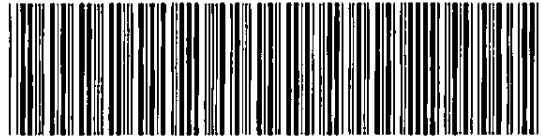
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SST Properties, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pennington, PA c/o Rachel Givens

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Name of Person

Pennington, PA

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Firm/Company

215 South Monroe Street, Suite 200  
Address

Tallahassee/Fl. 32301

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City/State and Zip Code

rgivens@penningtonlaw.com

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E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Givens at (850) 222-3533

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 amount:**

☐ \$25 Filing Fee                      ☐ \$55 Filing Fee & Certified Copy

**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.*

1. Name of the limited liability company: SST Properties, LLC
2. (a) 740 County Rd 280 East, (b) PO Box 3, Defuniak Springs, FL 32435  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
740 County Rd 280 East PO Box 3, Defuniak Springs, FL 32435  
Defuniak Springs, FL 32435
3. 7/20/2022 4. 1.22000382012  
Date of filing/registration in Florida Document number
5. (a) Sean T. Desmond, WSQ  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2121 Killarney Way, STE G-2, Tallahassee, FL 32309  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2121 Killarney Way, STE G-2  
Tallahassee, FL 32309
- (b) Rachel Givens  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
215 South Monroe Street, Suite 200, Tallahassee, FL 32301  
NEW Registered Office Address:  
215 South Monroe Street, Suite 200  
Tallahassee, FL 32301

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TALLAHASSEE, FL  
DIVISION OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Lyle Seigler

Lyle Seigler

Signature of a member or authorized representative of a member

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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.*

Rachel Givens

Signature of Registered Agent