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Division of Corporations



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(((H24000097611 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTEGA BUSINESS SERVICES, LLC

Account Number : I20060000142 Phone : (904)301-1269 Fax Number : (904)301-1279

**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 270 SLB LLC

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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.

	ame of the limited liability company: 270 SLB			
2. (a)	Principal office address of limited liability comp (Note: MUST RE STREET ADDRESS)	pany:	b)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	270 S. Lawrence Blvd		P.O. Box	: 1939
	Keystone Heights, Florida 32656			e Heights, Florida 32656
	February 21, 2024		L2460009	91399
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
,	Registered Agent and Registered Office shown on the reLAKE SANTA FE HOLDINGS LLC	ecords of the Florid	la D ep t, of St	ate:
	Registered Office Address (MUST BE FLORIDA S 892 N. State Road 21			
	Metrose			22
(b)	Enter name of NEW Registered Agent and/or NEW R			
	Enter name of NEW Registered Agent and/or NEW R	tegistered Office a	<u>ddress</u>	F 1 44
	Contega Business Services, LLC			공
	NEW Registered Office ∧ddress:			 3 55
	One Independent Drive, Suite 1200			- -
	Jacksonville	, FL_32202		_
hange agent v	imited liability company is not organized under or changes are made, the Florida street addre- vill be identical. Or, in the case of a Florida li- ore authorized by an affirmative vote of the me icles of organization or the operating agreemen	er the laws of the ss of the register mited liability c embers of the li	e State of F red office a company, it mited liabil	Florida, it is hereby confirmed that after the and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	14	Ro	bert Shackle	oford, Authorized Representative
Signa	sure of a nytheor or authorized representative of a memb	ner		Printed or typed name of signee
provisi Ine obl Io mer	by accept the appointment as registered agent ions of all statutes relative to the proper and co ignitions of my position as registered agent as ely reflect a change in the registered office add I in writing of this change.	and agree to ac amplete perform provided for in dress, I hereby c	it in this ca nance of my Chapter 60 confirm tha	pacity. I further agree to comply with the values, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Signatu	re of Registered Agent			
-	w G. Breuer, Executive Vice President			
	Division of Corporations	 P.O. Box 632 LING FEE: \$2 		assee, FL 32314

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