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| (Requestor's Name) | | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
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| (Business Entity Name) | | | | | | | |
| | | | | | | | |
| (Document Number) | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
| openial menactions to 1 mily office. | | | | | | | |
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

| Date: | 04/29/2025 | | | | | |
|----------------------------------|-----------------------------------|----------------------|--|--|--|--|
| Name: | Cheyanne Davis | _ | | | | |
| Reference #: | 2739168 | _ | | | | |
| Entity Name: SA SOUTH BEACH, LLC | | | | | | |
| | es of Incorporation/Authorization | to Transact Business | | | | |
| Amen | dment | | | | | |
| Change | ge of Agent | | | | | |
| Reinst | tatement | | | | | |
| ☐ Conve | ersion | | | | | |
| Merge | er | | | | | |
| ☐ Dissol | lution/Withdrawal | | | | | |
| Fictition | ous Name | | | | | |
| Other | | | | | | |
| | | | | | | |
| Authorized A | mount: \$25.00 | | | | | |
| Signature: | Ohyma Paine | | | | | |

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 torice | | | | | | |
|------------------------------|--|---|---|--|--|--|
| 1. Na | ame of the limited liability company:S | A SOU | TH B | EACH, LLC | <u> </u> | |
| 2. (a) | | | (b | 1 | | |
| 2. (, | Principal office address of limited liability of Notes: MUST BE STREET ADDRE | | 、、 | Mailing a | ddress of limited liability company: MAY BE POST OFFICE BOX) | |
| | No Change | | _ | No Change | | |
| | June 12, 2024 | | | L24000 | 264279 | |
| 3. | Date of filing/registration in Flori | ida | 4. | Docum | nent number | |
| 5. (a) | HUBCO REGISTERED AGENT SI | ERVICES | , INC. | | | |
| | Registered Agent and Registered Office shown on the records of the Florida Dept, of State: | | | | | |
| | 155 OFFICE PLAZA DRIVE, 1ST I | FLOOR | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | TALL: | |
| | TALLAHASSEE | FL | 32301 | | FILED 2025 APR 29 AM II: 24 TALLAHASSEE FLORIDA | |
| (b) _. | COGENCY GLOBAL INC. | | | | 里 日 | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> | W Registered | Office add | lress: |) | |
| | 115 North Calhoun St., Suite 4 | | | | P P | |
| | NEW Registered Office Address: | | | | | |
| | Tallahassee | , FL | 32301 | | | |
| the cha agent v was/wa | imited liability company is not organized usinge or changes are made, the Florida street will be identical. Or, in the case of a Floridate authorized by an affirmative vote of the icles of organization or the operating agree | t address of la limited lia members o | the regis ability co f the limi | tered office and th mpany, it is hereb ited liability comp | ne business office of the registered y confirmed that the change(s) | |
| | ack Acland | | Jack | Acland | | |
| • | ture of a member or authorized representative of a m | | | | or typed name of signee | |
| поприе | hy accept the appointment as registered agions of all statutes relative to the proper an ligations of my position as registered agent ely reflect a change in the registered officed in writing of this change. | ent and agr d complete as provided address, 11 | ee to act performa I for in C wrehy co | in this capacity. I mee of my duties, hapter 605, F.S. (infirm that the limi | I further agree to comply with the and I am familiar with and accept Or, if this document is being filed ited liability company has been | |
| /s/ Ti | m Mayville | | | | | |

Signature of Registered Agent

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