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FILED Feb 08, 2016 08:00 AM Secretary of State

FEB 0 9 2016 S. YOUNG

COVER LETTER

Division of Corporations				
SUBJECT: SPL Holding:	S,LLC			
Nam	e of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.			
Please return all correspondence concerning thi	s matter to the following:			
Lindsay M Raynur Name of Person	,			
SPL Holdings, LLC Firm/Company				
848 Brickell Avel, F	PH 1			
Miami, FL 33131 City/State and Zip Code				
Prayner C 13fi. Com E-mail address: (to be used for future ann	ual report notification)			
For further information concerning this matter,	please call:			
Lindsay in Raymer				
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	□ \$55 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

1. 1	Name of the limited liability company:SPL_	Holi	oldings, LLC
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	miami, FL 33131	• ,	Miami, FL 33131
3.	Date of filing/registration in Florida	4.	Document number
5. (a) Arnava P Karsenti Registered Agent and Registered Office shown on the records of the 212 NE 24th St	Florida l	la Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	FILED Feb 08, 2016 08:00 AM
	, FL_	<i>3</i> 31	
(t	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice add	ddress:
	848 Brickett Ave, PH 1 NEW Registered Office Address:		
	Miami , FL_	331	3131
the c agen was/	e limited liability company is not organized under the laws hange or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of articles of organization or the operating agreement of the li	ne regist fility cou the limi	pistered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in I liability company.
	nature of a number or authorized representative of a member		Dary Shlvivi Printed or typed name of signee
1 1 4	reby accept the appointment as registered agent and agree isions of all statutes relative to the proper and complete publications of my position as registered agent as provided erely reflect of change in the registered affice address, I he field in writing of this change.	e to act erforma for in C ereby co	ct in this canacity. I further garee to comply with the

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

Signature of Registered Agent