## M1200000 5995

(Requestor's Name)				
(Address)				
(Address)				
(0	city/State/Zip/Phone #	)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	f Status		
Special Instructions to Filing Officer:				

Office Use Only



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D CUELLING



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 23, 2019

Order#: 016791-026

Re: S-I GP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25\_\_\_.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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. N	ame of the limited liability company: S-I GP, LLC		
2. (a)	3750 Highway 225	(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)
	Pasadena, TX 77503		
	10/24/2012	M1:	2000005995
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
		•	
	1200 South Pine Island Road  Registered Office Address (MUST BE FLORIDA STREET 2)	(DDRESS)	
	Registered Office Address INDSTIBL FLORIDA STREET 2	<u>IDDKESS)</u>	
			<del></del>
	Plantation F1	33324	
(b)	Corporation Service Company		<b>ි</b> ග
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	1201 Hays Street		~~
	NEW Registered Office Address:		<del></del>
			<del></del>
			<del>-</del>
	Tallahassee , FL	32301	
the cha agent v was/we the arti	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the izanne Mailes-Dineff	the registered ability compar of the limited I limited liabili Suzanne Ma	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.  Jules-Dineff, Authorized Person on behalf of
	ture of a member or authorized representative of a member	Floworks In	ternational FLC, Member Printed or typed name of signee
provisi the obl to meri	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I led in writing of this change.	ee to act in th performance of d for in Chapt hereby confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and acceper 605, F.S. Or, if this document is being filed in that the limited liability company has been
Signatu	re of Registered Agent Corporation Service Company	BY: Ami M	I. Casper, Asst. Vice President

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