M13000001389

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





400307823264

01/22/18--01001--028 **25.08



J. HARRIS



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: January 17, 2018

Order#: 010268-049

Re: SAND ARCHITECTS, 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. Na	ame of the limited liability company: _SAND ARCHIT	ECTS, LLC	2		
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)		
	Waite Park, MN 56387	- -			
	03/04/2013		и13000001389		
3.	Date of filing/registration in Florida	4.	Docum	nent number	
5. (a)	Tyrone Suites, L.L.C.				
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State;				
	3831 Tyrone Boulevard, #104				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			
	St. Petersburg , FL	33709		2.1 % 	
	Corporation Service Company				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	<u>88</u> :	- , -, 	
	1201 Hays Street			• 5	
	NEW Registered Office Address:				
	Tallahassee , FL	32301			
the cha agent was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registe ability com If the limite	red office and the cany, it is hereby d liability compa	e business office of the registered confirmed that the change(s)	
0:	Lee E. Cone	Jill Cili	ni, Authorized Pe		
I herei provisi the obl to mere notified	ture of a number or authorized representative of a member by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It in writing of this change.	ee to act in performund for in Cha nereby conj	this capacity. I	or typed name of signce further agree to comply with the and I am familiar with and acce Or, if this document is heing file ted liability company has been	
Signatu	re of Registered Agent Corporation Service Company	BY: Ami	M. Casper, As	sst. Vice President	

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