M16000009483

(R	equestor's Name)				
	ddress)				
γ."	34 1033,				
(A	ddress)				
(C	ity/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Bi	usiness Entity Name)				
,–	, ·,				
(D	ocument Number)				
Certified Copies Certificates of Status					
······					
Special Instructions to Fili	ing Officer:				
	04.0:				
	RA Change				

Office Use Only



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S. CHATHAM NOV 14 2023

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SECRETARY OF STATE



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO. :	12000000	0195
REFERE	NCE :	124395	8423450
AUTHORIZAT	ION :	V	Vac.
COST LI	MIT :	\$ 25,00	al man
ORDER DATE : November 9,	2023		
ORDER TIME : 9:30 AM			
ORDER NO. : 124395-136			
CUSTOMER NO: 8423450			
CHANGE	OF ACEN		
<u>changs</u>	OF AGEN	<u>. + .</u>	
NAME: SOUTHERN	LITHO V	III LLC	
PLEASE RETURN THE FOLLOWIN	G AS PR	OOF OF FI	LING:
CERTIFIED COPY			
XX PLAIN STAMPED COPY			
CONTACT PERSON: Alexxis W	eiland-	sorenson	
	EXAMI	NER'S INI	TIALS:

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.	Name of the limited liability company: SOUTHERN	LITHO VIII	LLC	<u> </u>		
2. (a)			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)		
	9010 STRADA STELL CT STE 103		9010 8	STRADA STELL CT STE 103		
	NAPLES, FL 34109		NAPLE	ES, FL 34109		
	11/28/2016		M1600	0009483		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	.)					
J. (a	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of S	State: S &		
	Northern Litho, LLC			023) TAL		
	Registered Office Address (MUST BE FLORIDA STREE	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	9010 STRADA STELL CT., STE. 103	13 H	≥			
	NAPLES	FL 34109		SECRETARY OF STATE SAMIL AMASSEE, FL	ì	
				7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office ad	ldress:	~~ ~~ ~~ ~~ ~~		
	Silver Harte of State Registered regent under State Register	icu ome au	101 C 13			
	Corporation Service Company					
	NEW Registered Office Address:					
	1201 Hays Street					
						
	Tallahassee	FL_32301				
chang agent was/v	limited liability company is not organized under the lee or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the	he registere liability co s of the lim	ed office impany, i iited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in		
	/s/ Daniel Conley	Dar	niel Conle	ey, Authorized Person		
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee		
provis the ob to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple oligations of my position as registered agent as provide rely reflect a change in the registered office address,	gree to act le performe ded for in C I hereby co	in this co ance of n hapter 6 infirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and acco 505, F.S. Or, if this document is being file out the limited liability company has been	1e ?pt ?d	
nongn	In writing of this change.	GRA	CE E KI	IRBY, ASST. VICE PRESIDENT		
Signat	ure of Registered Agent					