1117000010427

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Account#: I20000000088

Date: 11	/07/2018			
Name:	Merritt Walker	_		
Reference #:	1008391	_		
	SYDNEY ROADS, LLC			
Articles o	of Incorporation/Authorization	to Transact Business		
Amendment				
✓ Change of Agent				
Reinstatement				
Conversi	on			
Merger				
☐ Dissolution/Withdrawal				
Fictitious Name				
Other				
Authorized Amo	ount: \$.75			
Signature:	, ww			

F: B00.944.6607

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.

ong m		
l. Name	of the limited liability company: SYDNEY RO	ADS, LLC
2. (a) P ₁	rincipal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	3851 PEACHTREE PKWY, STE E 202
•	THE MONA PARAMETER	ATLANTA, GA 30024
(b) Mailing	ng address of limited liability company:	3651 PEACHTREE PKWY, STE E 202
((Note: MAY BE POST OFFICE BOX)	ATLANTA GA 30024
Decem	ber 8, 2017	M17000010427
3. Date	of filing/registration in Florida	ne records of the Florida Dept. of State:
5. (a) F	Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
R	Registered Agent:	REGISTERED AGENTS INC.
R	Registered Office Address:	3030 ROCKEY POINT DR STE 160A
		TAMPA, FL \$3807
• •	inter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> NEW Registered Agent:	V Registered Office address: COGENCY GLOBAL INC.
_		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		115 North Calhoun St., Suite 4
		Tellahassoo ,FL 32301
confirme and the b liability the mem the opera	nited liability company is not organized under the last distribution of the change or changes are made, the Flouriness office of the registered agent will be identicompany, it is hereby confirmed that the change(s) bers of the limited liability company or as otherwisating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Signature o	f a member or authorized representative of a member	
Matt Printed or	Hills typed name of signee	•
I hereby comply v gnd I am Chapter address,	vaccept the appointment as registered agent and as with the provisions of all statutes relative to the pro a familiar with and accept the obligations of my pos 605, F.S. Or, if this document is being filed to mer I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my auties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature o	of Registered Agent Tim Mayville, Assistant Secretary	
	riin mayme, nesistant secretary	

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