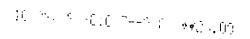
## 1118000000857

(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:					

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R WHO'F OCT 2.8 2019



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: October 7, 2019

Order#: 924953-184

Re: SHM NEW PORT COVE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Ashley Seeman 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.

	ame of the limited liability company: SHM NEW POR	KI COVE,	CCC		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	(b) 14785 PRESTON ROAD, SUITE 975  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	DALLAS, TX 75254		DALLAS, TX 75254		
	01/24/2018		M18000000857		
3.	Date of filing/registration in Florida	4.	Document r	number	
5. (a)	C T CORPORATION SYSTEM				
	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 ADDRESS)				
	PLANTATION FI	. 33324		2019 007	
(b)	Corporation Sparing Company				
	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:		<u></u>	-9	
				<u> </u>	
	1201 Hays Street			÷ ,==,	
	NEW Registered Office Address:			05	
	Tallahassee, FI,	32301_			
the cha agent v was/wa	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	the regist ability cor of the limi limited li	ered office and the bus npany, it is hereby con led liability company o	siness office of the registered afirmed that the change(s) or as otherwise provided in	
Signa	tup of a member or authorized representative of a member	3111 C		ned name of signee	
I here provisi the obli to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act i performa d för in Ci hereby coi	n this capacity. I furth nee of my duties, and l napter 605, F.S. Or, if nfirm that the limited I	her agree to comply with the am familiar with and accept this document is being filed iability company has been	