M18000007803

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
_	_	_
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	s of Status	
Special Instructions to	Ciling Officer	
Special Instructions to	riling Officer.	
		-
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SELEVENTE AHITES

TITO

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

		ACCOUNT	NO. :	1200000001	95
		REFERI	ENCE :	336581	8398617
		AUTHORIZA	: NOLT	1	
	·	COST L	IMIT :	Tours of Ce	ral
ORDER D	DATE :	January 9, 2	2023	-	
ORDER T	CIME :	9:08 AM			
ORDER N	10. :	336581-065			
CUSTOME	ER NO:	8398617			
-	<i>.</i> _ <i></i> .			· • • • • • • • • • • • • • • • • • • •	
		CHANGE	OF AGEN	<u>IT</u>	
	NAME:	S2 GRAND	VIEW LLC		
PLEASE	RETURN	THE FOLLOWIN	NG AS PR	OOF OF FILI	NG:
		FIED COPY	_		
XX	_ PLAIN	STAMPED COPY	<u>C</u>		
CONTACT	PERSON	N: Alexxis W	Veiland		

EXAMINER'S INITIALS:

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.

. (21)		(h	o)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability con (Note: MAY BE POST OFFICE B				
	S2 CAPITAL 5950 Berkshire Lane, Suite 1300		S2 CAPI	TAL 5950 Ber	kshire Lar	ne, Suit	te 1300
	DALLAS, TX 75225, TX 75225		DALLAS	, TX 75225, T	X 75225		
	08/17/2018		M1800000	7803			
	Date of filing/registration in Florida	4.		Document no	ımber		
(-)							
. (a)	Registered Agent and Registered Office shown on the records o	t the Florida	Dept. of Sta	- te:			
	C T CORPORATION SYSTEM						
	Registered Office Address	`ADDRESS					
	1200 SOUTH PINE ISLAND ROAD		_				
				_			
	PLANTATION, F	L		_	(^) i i i :- :	202	
					<u>></u> -	2023 JAN	-F71 v
(b)	Enter name of NEW Registered Agent and/or NEW Registered			_	3-	AN	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	dress:		25-1	2	Estima
	Corporation Service Company				AHASSET	A	991
				_	:.	AM II:	Carri
	NEW Registered Office Address:					: 50	
	1201 Hays Street			_		0	
	Tallahaaaaa	22204					
	Tallahassee F	ار 32301 اــــــــــــــــــــــــــــــــــــ		_			
hange gent v 'as/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere lability col of the lim	d office ar mpany, it i ited liabilit	nd the business is hereby confi ty company or	s office of irmed that	the reg	gistered ange(s)
ne arti	Lie & Cionie		•	orized Person			
ne arti				6	.1	anoa	
	tupe of a member or authorized representative of a member			Printed or type	d name of Si	giice	

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