## M2000006093

| (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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SCANLIANY OF THE TALLAHASSEE, FL

2077 NOV -7 PH 3. 93

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 084756 8371617 AUTHORIZATION : COST LIMIT ORDER DATE: October 28, 2022 ORDER TIME : 1:59 PM ORDER NO. : 084756-055 CUSTOMER NO: 8371617 CHANGE OF AGENT NAME: SVP HAINES LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

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.

| 1.                        | Name of the limited liability company: SVP HAINES I   | LLC   |   |  |  |
|---------------------------|---|---|---|--|--|
| 2. (a                     | 2204 LAKESHORE DR STE 325   | (b) 2204 LAKESHORE DR STE 325   |   |  |  |
|                           | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |   | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |  |  |
|                           | BIRMINGHAM, AL 35209  | BIRMIN  | IGHAM, AL 35209   |  |  |
|                           | 07/10/2020  | M200000   | 006093  |  |  |
| 3.<br>5. (a               | Date of filing/registration in Florida INCORP SERVICES, INC.  | 4.  | Document number   |  |  |
| <i>J.</i> (a)             | Registered Agent and Registered Office shown on the records of 17888 67 CT N  | f the Florida Dept. of St   | 2022 <b>2</b>   |  |  |
|                           | Registered Office Address (MUST BE FLORIDA STREET   | ADDRESS)  | 2022 NOV - 7 STALLAHAS  |  |  |
|                           | LOXAHATCHEE   | L_33470   |   |  |  |
| (b)                       |   |   | <u> </u>  |  |  |
| (**)                      | Enter name of NEW Registered Agent and/or NEW Registered  | d Office address:   |   |  |  |
|                           | Corporation Service Company   |   |   |  |  |
|                           | NEW Registered Office Address:  | ·   | <del></del>   |  |  |
|                           | 1201 Hays Street  |   |   |  |  |
|                           | Tallahassee, FI   | 32301   | _   |  |  |
| cnang<br>agent<br>was/w   | limited liability company is not organized under the lar<br>e or changes are made, the Florida street address of the<br>will be identical. Or, in the case of a Florida limited li-<br>tere authorized by an affirmative vote of the members of<br>ticles of organization or the operating agreement of the | registered office a<br>ability company, it<br>of the limited liabili                      | nd the business office of the registered is hereby confirmed that the change(s)   |  |  |
|                           | Il Cilmi  | Jill Cilmi, Auth  | orized Representative   |  |  |
| Signa                     | ature of a member or authorized representative of a member  |   | Printed or typed name of signee   |  |  |
| he ob.<br>o mer<br>otifie | thy 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 selv reflect a change in the registered office address. It din writing of this change.  | ree to act in this cap<br>performance of my<br>d for in Chapter 60<br>hereby confirm that | pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |  |  |
|                           | re of Registered Agent<br>E. Kirby, Asst, Vice President  |   |   |  |  |

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