8/29/22, 12:13 PM

**Division of Corporations** 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000292052 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE SAF BULLION SUB, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu — Corporate Filing Menu

Help T. LEMIEUX AUG 3 0 2022

1/1

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY . $^{\circ}$

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.

l. No	ame of the limited liability company: SAF BULLION S	SUB, LLC	
). (a)	No Change	(p) <sub>V</sub>	o Change
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/16/2021		1000001855
<b>3</b> .	Date of filing/registration in Florida	- 4.	Document number
: ///	FURMAN, RYAN		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	pt. of State:
	Registered Office Address (MUST BE PLORIDA STREET ADDRESS) 450 S ORANGE AVENUE		~~~
	ORLANDO, FL	32801	D22 All
	C T Corporation System		11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres	2022 ALIG 29 AH II: 37
	NEW Registered Office Address:		<del></del> 37
	1200 South Pine Island Road	<del>-,-</del> .	
	Plantation	33324	
he cha igent v was/w he art	imited liability company is not organized under the lay inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	The register ability comp of the limited liab	ed office and the business office of the registered any, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company.
	ture of a symbol or authorized representative of a member	JOE DA	VIS, MANAGER
I here provis the obj to mer notified by: Mic	ture of a Mether or authorized representative of a member by accept the appointment as registered agent and agi ions 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.  C.T. Corporation System Will Helden, hele Holden, Asst Sect	ree to act in performanc of for in Cha hereby confi	Printed or typed name of signee this capacity. I further agree to comply with the re of my duties, and I am familiar with and accep tipler 605, F.S. Or, if this document is being filed rm that the limited liability company has been

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