## Ma1000002569

(	Requestor's Name)	
(	Address)	<del></del>
(	Address)	
(	City/State/Zip/Phone #)	·- <u>-</u>
PICK-UP	☐ WAIT	MAIL
(	Business Entity Name)	
(	Document Number)	
Certified Copies	Certificates of	Status
		<del></del>
Special Instructions to F	Filina Officer:	
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		J

Office Use Only



800418873188

2029 NOV 1.3 AM ID: 45



CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 124395 8423450

(- A

Cigal Well William

AUTHORIZATION :

COST LIMIT : \$ 25(60)

ORDER DATE: November 9, 2023

ORDER TIME : 9:30 AM

ORDER NO. : 124395-142

CUSTOMER NO: 8423450

## CHANGE OF AGENT

NAME: SOUTHERN LITHO XII LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

## 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. N	ame of the limited liability company: SOUTHERN I	LITHO XII I	LLC				
(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				mpany:
	9010 STRADA STELL CT STE 103		9010 ST	RADA STELL (	CT STE 10	13	
	NAPLES, FL 34109		NAPLES	S, FL 34109			
	03/05/2021		M210000	002569			
3.	Date of filing/registration in Florida	4.		Document nu	ımber		
5. (a)							
J, (u,	Registered Agent and Registered Office shown on the records of CONLEY, SEAN	of the Florida	Dept. of Sta	ite:			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS					
	9010 STRADA STELL COURT SUITE 103						
	NAPLES . I	34109		<del></del>		<b>N.</b> 3	
				_	<u>ک</u> ار	2023 NOV 13	
(b)	P. CANANA D. L.			_	AHASSI	8	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	<u>dress</u> :		ASS	=	
	Corporation Service Company				Y OF STATE SEE, FLORIDA		LL!
	NEW Registered Office Address:	· ·		<del>-</del>	FLO	ᇙ	
	1201 Hays Street			· <del>-</del>	RATE PARE	AM 10: 45	
	Tallahassee F	32301			<b>P</b>		
change agent v was/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 last authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne registere liability con of the lim	d office an mpany, it i ited liabilit	nd the business of the second in the second	office of the	ne regis he char	stered nge(s)
	/s/ Daniel Conley	Dan	iel Conley,	Authorized Pe	rson		
Signature of a member or authorized representative of a member				Printed or typed name of signee			
provisi the obl to meri	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, I d in writing of this change.	e performa led for in C I hereby co	nce of my hapter 605 nfirm that	duties, and I an 5, F.S. Or, if th the limited liab	n familiar nis documer pility compo	with ar nt is be any ha.	with the nd accept ring filed s been
,	Drace C-Kubi	GRA	CE E KIRI	BY, ASST. VIC	CE PRESII	DENT	
Signatu	re of Registered Agent						