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LLAHASSEE, FLORIN

61 / TE 61 / CZ/21 CORPORATION SERVICE COMPANY

CONTACT PERSON: Amanda Miller

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 365951 7288091 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: March 15, 2024 ORDER TIME : 3:12 PM ORDER NO. : 365951-030 CUSTOMER NO: 7288091 CHANGE OF AGENT NAME: SAF SN FLORIDA A, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY

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. | Na | me of the limited liability company: SAF SN FLORI | DA A, LL | _C | ; | | | | |
|----------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------|-----------------------------------------|----------------------------------------------------------------|
| 2. | (a) | | (1 | b) | | | | | |
| | (-) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | -, | , N | Mailing address of (Note: MAY B. | | | |
| | | 8390 E. VIA DE VENTURA, F-110, #303 | | | 8390 E. V | IA DE VENTU | RA, | F-110, | #303 |
| | | SCOTTSDALE, AZ 85258 | _ | | SCOTTSE | DALE, AZ 8525 | 58 | | |
| | | 07/27/2021 | | ı | M2100000 | 9701 | | | |
| 3. | | Date of filing/registration in Florida | - 4. | _ | | Document nur | nber | | |
| 5. | (a) | | | | | | | | |
| | () | Registered Agent and Registered Office shown on the records of | | a I | Dept. of State | - :: | | | |
| | | CAPITOL CORPORATE SERVICES, INC. | | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | | ادين | |
| | | 515 EAST PARK AVE 2ND FL | | _ | | - | | | |
| | | TALLAHASSEE . FI | 32301 | | | • | | `:: : | |
| | | | | | · <u> </u> | • | . . | د٠، | |
| | (b) | b) | | | | : · | | | |
| | | Enter name of NEW Registered Agent and/or NEW Registered | l Office ad | <u>ld</u> : | ress: | · · | ٠. | AH 9 | _ |
| | | Corporation Service Company | | | | r. | | 9: 45 | - |
| | | NEW Registered Office Address: | | | | • | | | |
| | | 1201 Hays Street | | | | _ | | | |
| | | Tallahassee | 32301 | | | | | | |
| | | , FI | | | | | | | |
| cha age was | inge int w s/we | mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | register ability co of the lin | ed on nit | l office and apany, it is ted liability | I the business of the hereby confirmation of a company or a | offic med | e of the | e registered e change(s) |
| | | Xia E. Cleni | JILI | L | CILMI, AU | THORIZED PE | RS | NC | |
| | _ | ure of a thember or authorized representative of a member | | | | Printed or typed | | _ | |
| I h pro the to n not | ereb visio obli nere ifiea | y accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address. It is writing of this change. | ree to act perform d for in (hereby co | t it ar Ch on | n this capa nce of my d napter 605, nfirm that t | icity. I further luties, and I an F.S. Or, if th he limited liab | agro n fan is do ility | ee to co niliar v ocumen compa | omply with the with and accept it is being filed only has been |
| Sig | natur | Linara Takubi e of Registered Agent | GRACE | ΞE | E. KIRBY, | ASST. VICE | PRE | SIDE | NT |