# Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SPI AGENT SOLUTIONS, INC.

Account Number : I20230000143 : (888)314-3998 Fax Number : (518)514-1288

\*\*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 SANDY BAY PARTNERS, LLC

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Page Count	02
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INHS18 (2/14)

To:

## COVER LETTER -

TO:	Registration Section Division of Corporations		
SUBJE	CCT: SANDY BAY PARTNERS, L		
	Nam	e of Limited Lial	oility Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered Offic	ce Change and fe	re(s) are submitted for filing.
Please r	return all correspondence concerning this	matter to the fo	Howing:
Jue DiG	inetano		
	Name of Person	<del> </del>	-
SPI Age	ent Solutions, Inc.		
	Firm/Company		-
524 S 2	nd St Ste 505		
	Address		-
Springfi	ield 11. 67201		
	City/State and Zip Code		-
E-	-mail address: (to be used for future annu	ial report notifica	ation)
For furt	ther information concerning this matter, p	olease call:	
Joe DiG	iaetano	512 at (	309-1153
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following a	ımount:	
	□ \$25 Filing Fee	□ S55	Filing Fee & Certified Copy

### From: Lindsey Gates

#### 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.

	4300 LEGENDARY DR BLDG C STE 225	(b)	3475 Piedmont Road NE Suite 1900
(a)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DESTIN, FL 32541	<del></del> .	Atlanta, GA 30305
	11/23/2021		f21000016120
	Date of filing/registration in Florida	4.	Document number
(a)	UNIVERSAL REGISTERED AGENTS, INC.		
<b>(</b> 7	Registered Agent and Registered Office shown on the records	of the Florida I	Dept of State:
	Registered Office Address (MUST BE FLORIDA STREATING CALIFORNIA ST.	ET ADDRESS)	
	TALLAHASSEE	FL 32304	~
	SPI AGENT SOLUTIONS, INC.		
1			
ს)	Enter name of NEW Registered Agent and/or NEW Register	red Office addi	<b>'255</b>
ს)	Enter name of NEW Registered Agent and/or NEW Regists	red Office addi	ڊ. جب
ს)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> and/or <u>NEW Registered Office Address:</u>	red Office addi	<del></del> -
<b>ს</b> )		red Office addi	
(b)	NEW Registered Office Address: 1540 GLENWAY DR	red Office addi	
nge nt v s/w/e	NEW Registered Office Address: 1540 GLENWAY DR	FL 32301 laws of the S the registered Hiability comes of the limit	tate of Florida, it is hereby confirmed that after office and the business office of the registered spany, it is hereby confirmed that the change(seed liability company or as otherwise provided

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

DINONA MUSI Signature of Registered Agent

Lindsay Gates President SPI Agent Solutions, Inc.