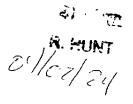
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Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer				
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 365<u>95</u>1 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: March 15, 2024 ORDER TIME : 3:13 PM ORDER NO. : 365951-050 CUSTOMER NO: 7288091 CHANGE OF AGENT NAME: SN FLORIDA II, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Amanda Miller

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. N	lame of the limited liability company: SN FLORIDA I	I, LLC		
2. (a)		(	(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8390 E. VIA DE VENTURA, F-110 #303		8390 E.	VIA DE VENTURA, F-110 #303
	SCOTTSDALE, AZ 85258		SCOTTS	SDALE, AZ 85258
	02/11/2022		M220000	02780
3.	Date of filing/registration in Florida	<b>-</b> 4.		Document number
5. (a				
J. (a	Registered Agent and Registered Office shown on the records o	f the Florid	da Dept. of Sta	te:
	CAPITOL CORPORATE SERVICES, INC.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>55)</u>	_
	515 EAST PARK AVENUE SECOND FLOOR			
	TALLAHASSEE . F	32301		2821 
	•	<u> </u>		2024 J. V. 175 5
(b)	( <u></u>			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	ddress:	55 Th
	Corporation Service Company			
	NEW Registered Office Address:			- <del>1</del> 5 5
	1201 Hays Street			
	Tallahassee . F	L_32301		_
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e register iability c of the line limited	red office ar ompany, it i nited liabili liability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Sign	ature of a thember or authorized representative of a member		<u> </u>	Printed or typed name of signee
provis the ob to mei	eby accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to ac e perforn ed for in hereby c	et in this cap nance of my Chapter 60, 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
Signat	ure of Registered Agent	GRACI	E E. KIRBY	'. ASST. VICE PRESIDENT