

3/25/25, 11:33 AM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**M2200005697**

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
 Account Number : I20100000062  
 Phone : (888)705-7274  
 Fax Number : (888)706-7274

**\*\*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**  
**SPH ST. AUGUSTINE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

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MAR 26 2025

K. Brumbley

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPH ST. AUGUSTINE, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

Corporate Center One, 5301 Southwest Pkwy. Ste 400

Address

Austin, TX 78735

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo at (888) 705-7274  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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# 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. Name of the limited liability company: SPH ST. AUGUSTINE, LLC
2. (a) 3500 LENOX ROAD, SUITE 625  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
ATLANTA, GA 30326
- (b) 3500 LENOX ROAD, SUITE 625  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
ATLANTA, GA 30326
3. 4/13/2022  
Date of filing/registration in Florida
4. M22000005697  
Document number
5. (a) COGENCY GLOBAL INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
115 NORTH CALHOUN ST.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 4  
TALLAHASSEE, FL 32301
- (b) Registered Agent Solutions, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
2894 Remington Green Ln.  
NEW Registered Office Address:  
Ste. A  
Tallahassee, FL 32308

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CLERK OF THE CIRCUIT COURT  
IN AND FOR THE JUDICIAL CIRCUIT  
IN THE COUNTY OF TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Jatin Desai  
Signature of a member or authorized representative of a member

Jatin Desai Managing Member  
Printed or typed name of signee

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.

Mackenzie Hibler  
Signature of Registered Agent Mackenzie Hibler, Asst. Secretary