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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<u>-</u> -	(Business Entity Name)
	(Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 124395 8423450						
AUTHORIZATION: Cypelle man						
COST LIMIT : \$ 25.00						
ORDER DATE: November 9, 2023						
ORDER TIME : 9:27 AM						
ORDER NO. : 124395-115						
CUSTOMER NO: 8423450						
CHANGE OF AGENT						
NAME: SOUTHERN LITHO GULFCOAST LLC						
Mail. SouthLike Bring Golf College						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland-sorenson						
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	ame of the limited liability company: SOUTHERN L	ITHO GU	LFCOAST I	LLC		
2. (a)			b)			
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 9010 STRADA STELL CT STE 103 NAPLES, FL 34109		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 9010 STRADA STELL CT STE 103 NAPLES, FL 34109			
	04/18/2022		M2200000	06010		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
J. (a)	Registered Agent and Registered Office shown on the records o	of the Florid	a Dept. of Stat	te:		
	NORTHERN LITHO LLC					
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	_	20			
	9010 STRADA STELL COURT STE 103			_	2023 KOV	
	NAPLES	L_34109		_	(5)	
	, F	D		_	<u>.</u> .	
(b)				_	PR 1	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office ac	<u>ldress</u> :			
	Corporation Service Company				<u> </u>	
	NEW Registered Office Address:			-		
	1201 Hays Street			_		
	Tallahassee, F	32301		_		
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registere iability co	ed office an ompany, it is nited liability	d the business office s hereby confirmed th y company or as othe	of the registered nat the change(s)	
	/s/ Daniel Conley	Dar	niel Conley,	Authorized Person		
	ture of a member or authorized representative of a member	-		Printed or typed name o	f signee	
I herel provisi the obli to mere notified	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. I I in writing of this change.	ree to act performed for in (hereby co	in this cape ance of my o hapter 605 onfirm that i	acity. I further agree duties, and I am fami i, F.S. Or, if this doc the limited liability c	to comply with the liar with and accept ument is being filed ompany has been	
	Drace C-Kuble	GRA	CE E KIRE	BY, ASST. VICE PR	ESIDENT	
Signatu	re of Registered Agent					