(Requestor's Name)				
(	(Address)			
(Address)				
	(City/State/Zip/Phone #)			
_				
PICK-UP	WAIT MAIL			
<del></del>	(Business Entity Name)			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(Document Number)			
•	(Social Manual)			
Codified Copies	Cartificator of Status			
Centilled Copies	Certificates of Status			
_				
Special Instructions to	Filing Officer:			
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<u> </u>				

Office Use Only



800418873268



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000001	95		
	REFERENCE	;	124395	8423450		
	AUTHORIZATION	:	- Day			
	COST LIMIT	:	\$ 25/00	Charles .		
ORDER DATE :	November 9, 2023					
ORDER TIME :	9:28 AM					
ORDER NO. :	124395-126					
CUSTOMER NO:	8423450					
CHANGE OF AGENT						
NAME: SOUTHERN LITHO SF LLC						
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. N	ame of the limited liability company: SOUTHERN LI	ITHO SF	LLC	
2. (a)		(	h)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	9010 STRADA STELL CT STE 103		9010 S	TRADA STELL CT STE 103
	NAPLES, FL 34109	_	NAPLE	S, FL 34109
	03/29/2023		M23000	004065
3.	Date of filing/registration in Florida	<b>-</b> 4.		Document number
5. (a)	)			
<i>5.</i> (a <sub>.</sub>	Registered Agent and Registered Office shown on the records o	the Floric	la Dept. of Si	tate:
	CAPITOL CORPORATE SERVICES, INC.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	202
	515 EAST PARK AVENUE 2ND FL			<u> </u>
	TALLAHASSEE , F	32301 L		2023   17.7.13
				— •
(b)	Enter name of NEW Registered Agent and/or NEW Registere			— <u>F.</u>
	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	<u>ddress</u> :	. 5 <u>†</u>
	Corporation Service Company			<b>+</b>
	NEW Registered Office Address:			<del></del>
	1201 Hays Street			<u></u>
	Tallahassee	32301 L		
				_
If the l	limited liability company is not organized under the la e or changes are made, the Florida street address of the	ws of the	State of F	Florida, it is hereby confirmed that after the
agent was/w	will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ability o of the lir	ompany, it nited liabil	is hereby confirmed that the change(s) lity company or as otherwise provided in
me an			•	y, Authorized Person
/s/ Daniel Conley Signature of a member or authorized representative of a member				Printed or typed name of signee
l here provis the ob to mer	by accept the appointment as registered agent and agitions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	rce to ac perform d for in h hereby c	t in this ca ance of m Chapter 60 onfirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
попре	d'in writing of this change.	GRA	ACE E KIF	RBY, ASST, VICE PRESIDENT
Signati	ire of Registered Agent			