N 9900000 3505

| (Danisatada Nama) | | | |
|---|--|--|--|
| (Requestor's Name) | | | |
| | | | |
| (Address) | | | |
| | | | |
| | | | |
| (Address) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| , , , , , | | | |
| PICK-UP WAIT MAIL | | | |
| | | | |
| | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| | | | |
| | | | |
| Certified Copies Certificates of Status | | | |
| | | | |
| | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



000337893550

12/16/19--01014--027 **35.00

TO DEC 18 AMILE LA

RA Change

JAN 1 6 2020

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SV/HOLLY POINT PROPERTIES, INC.

Name of Corporation

DOCUMENT NUMBER: N9900003505

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katelyn Bean

Name of Contact Person

Paracorp Incorporated

Firm/Company

2804 Gateway Oaks Dr #100

Address

Sacramento, CA 95833

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

Katelyn Bean

,୪୪୪ -

280-6563

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the pi statement of chan | rovisions of sections 607.0502, 617.0502, tge is submitted for a corporation organiz | 607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of Florida | |
|--|--|--|------|
| In order. | to change its registered office or registere | ed agent, or both, in the State of Florida. | |
| 1. The name of the | e corporation: SV/HOLLY POINT | PROPERTIES, INC. | |
| | ffice address: 12140 LAKE VALLE NT, FL 34711 | Y DR | |
| | dress (if different): 4178 MALBETH N-SALEM, NC 27104 | СТ | |
| 4. Date of incorpor | ration/qualification: 06/02/1999 | Document number: N9900003505 | |
| 5. The name and si Fiorida Departm | treet address of the current registered ager nent of State: (If resigned, enter resigned) | nt and registered office on file with the | |
| _ | T CORPORATION SYSTEM | | |
| _1 | 200 SOUTH PINE ISLAND RO | DAD | |
| P | PLANTATION, FL 33324 | | |
| 6. The name and st (if changed): | treet address of the new registered agent (i | f changed) and /or registered office | |
| <u>P</u> | aracorp Incorporated | | |
| <u>1</u> : | 55 Office Plaza Drive, 1st Floo | | 7. Z |
| <u>T</u> : | P.O. Box NOT acce allahassee, FL 32301 | , တ | 1,42 |
| The street address as changed will be | of its registered office and the street additional. | its board of directors or by an officer so dip writing of the change. | |
| () int. | uthorized by resolution duly adopted by poard or the corporation has been notified an officer or director | its board of directors or by an officer so dig writing of the change. Lief Kon Vie Printed or typed name and title | 別なであ |
| I further agrée to co performance of my | appointment as registered agent and ag omply with the provisions of all statutes duties, and I am familiar with and accep ocument is being filed merely to reflect a t the corporation has been notified in wr | ree to act in this capacity. relative to the proper and complete of the obligation of my position as registered a change in the registered office address, I iting of this change. | |
| | <u> </u> | 2/3/2019 | |
| If signing on behalf | E of Registored Agent f of an entity: | Date | |
| Jody Moua, Asst. Se | cretary, Paracorp Incorporated | | |
| Typed | or Printed Name | | |

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)