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2021 JUN 14 AM II: 51 SECRETARY OF STATE

COVER LETTER

TO:

Amendment Section Division of Corporations

SSG COMPANIES INC	
SUBJECT: SSG COMPANIES INC Name of Corporation	, -
DOCUMENT NUMBER: P04000113551	·
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
SASCHA GAMEL	
Name of Contact Person	
SSG COMPANIES	
Firm/Company	
1835 EAST HALLANDALE BEACH BLVD, SUIT	E 293
Address	*************************************
HALLANDALE, FL 33009	
City/State and Zip Code	
SGAMEL@BELLSOUTH.N	TET
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
SASCHA GAMEL	at (305)373-70000 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
ranandoee, r is see in	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta nge is submitted for a corporation organized under the laws of the State of <mark>FLO</mark> r to change its registered office or registered agent, or both, in the State of Flo	ORID	A	
	he corporation: SSG COMAPNIES INC			
2. The principal 33009	office address: 1835 EAST HALLANDALE BEACH BLVD, SUITE 293, HALLA	\NDA	NLE, F	FL.
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: AUGUST 2004 Document number: P040001135	551		
5. The name and	street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)			
	888 BRICKELL LLC			
	1835 EAST HALLANDALE BEACH BLVD. SUITE 293	SEC	2021	
	HALLANDALE, FL 33009	RET	2021 JUN 14	H
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of the street address of the new registered agent (if changed) and /or registered of the street address of the new registered agent (if changed) and /or registered of the street address of the new registered agent (if changed) and /or registered of the street address of the new registered agent (if changed) and /or registered of the street address of the new registered agent (if changed) and /or registered of the street address of the new registered agent (if changed) and /or registered of the street address of the new registered agent (if changed) and /or registered of the street address of the stre	YS & OF	HA AHI:	
	ALEXANDER GAMEL To	УЦ\$		الحيا
	1835 EAST HALLANDALE BEACH BLVD, SUITE 293	لنا	<u></u> :	
	P.O. Box NOT acceptable			
	HALLANDALE, FL 33009			
The street addre as changed will	ss of its registered office and the street address of the business office of its r be identical.	regist	ered a	agent,
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ficer	so	
The	Frinted or typed name and title			dest
	e of an officer or director Printed of typed name and title			<u></u>
I hereby accept I further agree t of my duties, an document is bei corporation bes	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and completed to am familiar with and accept the obligation of my position as registered and filed merely to reflect a change in the registered office address. I hereby been provided in writing of this change.	lete p agent confi	erfori Or rm th	mance if this at the
///	(/2/21			
Sign	nature of Registered Agent Date			
If signing on be	half of an entity:			
Ту	oped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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