

7/30/2015

Jul. 31. 2015 10:58AM

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Division of Corporations

No. 2287 P. 1

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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(((H15000185153 3)))



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

From:
Account Name : PARANET CORPORATION SERVICES, INC.
Account Number : I20090000069
Phone : (800)277-9977
Fax Number : (800)815-0477

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: swemple@sailormen.com

**LLC REGISTERED AGENT CHANGE
SOVEREIGN INCOME HOLDINGS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
15 JUL 31 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 JUL 31 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

AUG 03 2015
HSPIVERS

Jul 31, 2015 10:58AM

No. 2287 P. 2

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sovereign Income Holdings 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:

Steven M. Wemple

Name of Person

Sallormen, Inc.

Firm/Company

9500 South Dadeland Boulevard, Suite 800

Address

Miami, FL 33158

City/State and Zip Code

swemple@sallormen.com

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

For further information concerning this matter, please call:

Natalia Lalba-Paul

at (800

) 277-9977

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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: Sovereign Income Holdings LLC
2. (a) 9500 South Dadeland Blvd.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 800
Miami, FL 33156
- (b) 9500 South Dadeland Blvd.
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 800
Miami, FL 33156
3. 06/15/2012
Date of filing/registration in Florida
4. L12000079687
Document number
5. (a) CT Corporation System
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 S. Pine Island Road
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Plantation, FL 33324
- (b) URS Agents, LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
1540 Glenway Drive
NEW Registered Office Address:
Tallahassee, FL 32301

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.

[Signature]
Signature of a member or authorized representative of a member

Steven M. Wemple
Printed or typed name of signor

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.

Amanda Sanders
Signature of Registered Agent
Amanda Sanders - Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

INI1518 (2/14)

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