Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

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

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rmall	Address:	 ċ

## LLC REGISTERED AGENT CHANGE SATIS&FY LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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INHS18 (2/14)

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	CT: SATIS&FY LLC	
	Nam	e of Limited Liability Company
Dear Si	r or Madam:	
The enc	losed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please r	return all correspondence concerning thi	s matter to the following:
Mar	y Castillo	
	Name of Person	<del></del>
Regist	ered Agent Solutions, Inc.	
	Firm/Company	
1701 [	Directors Blvd, Suite 300	
	Address	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Austin	, TX 78744	
	City/State and Zip Code	
E-1	mail address: (to be used for future annu	ial report notification)
For furth	ner information concerning this matter, I	please call:
Mar	y Castillo	888 705-7274
	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
ı	Enclosed is a check for the following a	mount:
0	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

## 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: SATIS&					
<sub>2. (a)</sub> 3550 NE 79TH AVE	(b) 3	(b) 3550 NE 79TH AVE			
Principal office address of limited liability company:	············· (-,	Mailing address of limited liability company:			
( <u>Note: MUST BE STREET ADDRESS</u> )	샵	( <u>Note: MAY BE POST OFFICE BOX</u> )			
HILLSBORO, OR 97124		ILLSBORO, OR 97124			
11/2/2012	M:	12000006176			
3. Date of filing/registration in Florida	4.	Document number			
5. (a) Wolters Kluwer (NRAI)					
Registered Agent and Registered Office shown on the records	s of the Florida Dep	t, of State;			
1200 SOUTH PINE ISLAND R	<b>)</b> .				
Registered Office Address (MUST BE FLORIDA STREE	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
PLANTATION	<sub>FL</sub> 33324	\\ \overline{\pi_{\color}}			
(b) Registered Agent Solutions, Inc	•	NECRE LARY ALLIANASSO			
Enter name of NEW Registered Agent and/or NEW Register	ered Office address	1-2 ASSE			
155 Office Plaza Dr.		* <b>:</b>			
NEW Registered Office Address:		PH P: 0			
Suite A		O <sub>I</sub>			
Tallahassee	<sub>FL</sub> 32301				
If the limited liability company is not organized under the the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of	s of the registere d liability compa rs of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) Tiability company or as otherwise provided in			
/s/ Corinne Tindal Cook	Corinn	e Tindal Cook Authorized Person			
Signature of a member or authorized representative of a member		Printed or typed name of signee			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and complethe obligations of my position as registered agent as prove to merely reflect a change in the registered office address notified in writing of this change.	ete performance ided for in Chaj , I hereby confi	his capacity. I further agree to comply with the cof my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed on that the limited liability company has been			
Signature of Registered Agent					