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## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

7/16/18

NAME: SABER CORNER II. LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

assie Hodge

## **COVER LETTER**

TO: Registration Section Division of Corporations					
Subject: Saber Corner II, LLC					
	ne of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to the following:				
TERI STAPLETON					
Name of Person	<del></del>				
UNISEARCH, INC.					
Firm/Company					
PO BOX 1221					
Address					
WESTCLIFFE, CO 81252					
City/State and Zip Code					
TERI.STAPLETON@UNISEARCH.CO					
E-mail address: (to be used for future ann	ual report notification)				
For further information concerning this matter,	please call:				
TERI STAPLETON	720 386-3108				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following	amount:				
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

## 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: Saber Corner	II, LLC	:				
2. (a)	20900 NE 30TH AVENUE, SUITE 812		, 80 BUS	INESS PARK DR	IVE. SUI	TE 30	— 06
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	AVENTURA, FL 33180	_	ARMON	IK, NY 10504			
	01/16/2014	_	M140000	000326		<u> </u>	
3. 5. (a)	Date of filing/registration in Florida NRAI SERVICES, INC	4.		Document number			
	Registered Agent and Registered Office shown on the records of the 1200 S PINE ISLAND RD	e Florida	Dept. of State	::			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	!		<u> </u>	18	
	PLANTATION , FL	33324				JUL 1	FIL
(b)	Unisearch, Inc.				· · · · · · · · · · · · · · · · · · ·	0 –	П
(-)	Enter name of NEW Registered Agent and/or NEW Registered C	Mee ndd	rest:		65	AH 9	O
	155 Office Plaza Drive				- 第四 - 第四 - 3	): 15	
	NEW Registered Office Address:		<del></del>				
	Tallahassee, FL 3	32301					
agent w was/we the artic	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and the case of a florida limited liability and the liability of the members of cles of organization or the operating agreement of the liability.	ility con the limi mited li	ered office npany, it is ted liability ability com	and the business offichereby confirmed the company or as other pany.	ce of the rate the chan wise provi	egister	red
Signat	ure of a member or authorized representative of a member			gno, Authorized P Printed or typed name of:	rionee		_
I hereb provision the obli to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided if y reflect a change in the registered office address, I he in writing of this change.	e to act i erforma for in Ci reby coi	n this capa nce of my d napter 605, tfirm that th	city. I further agree i uties, and I am famili F.S. Or, if this docu he limited liability coi	to comply ar with an ment is be mpany has	with the dacce ing file to been	he Epi ed