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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2017

MELISSA MASIELLO 5464 LENA RD BRADENTON, FL 34211

SUBJECT: SARAHO, LLLP Ref. Number: A03000000012

We have received your document for SARAHO, LLLP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$10.00.

The form you submitted is for a FLORIDA LLC, but your entity is a FLORIDA LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 517A00023048

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	Name of Limited Partnership	or Limited Liability Limited Partnership			
DOC	UMENT NUMBER:	A03000000012			
11	nclosed Statement of Change of Regis are submitted for filing.	tered Office and/or Registered Agent and			
 Please 	e return all correspondence concerning	this matter to:			
	Melissa Maria Contact Person	Siello			
Sarano, LUP					
Firm/Company 5164 Legara					
Brade to T 34011 City, State and Zip Code					
	I address: (to be used for future annual re	port notification) he hatcls. Can			
For fu	irther information concerning this matt				
#r	Name of Contact Person	Area Code and Daytime Telephone Number			
Enclo	Enclosed is a \$35,00 check made payable to the Florida Department of State.				
Regis Divis Clifto 2661	EET ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			
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1NHS04 (01/06)

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida. Name of Limited Partnership or Limited Liability Limited Partnership 4. The name of the registered agent and the registered office address as shown on the records of the Flarida Department of State: Professional PKWy W Ste 10 5. The name and Florida street address of the new registered agent and/or office: Ohn W. Balliett (no change) Such changers) is/are effective when filed by the Florida Department of State. Manature of General Partner Lipereby accept the appointment as registered agent and agree to act in this capacity. I further agree to c mply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am figuiliar with an eccept the obligations of my position as registered agent. Signature of Registered Agent

\$35.00

Filing Fee:

Gertified Copy (optional): \$52.50