F07000003292

(Re	equestor's Name)			
(Ac	idress)			
(Ac	ddress)			
(Ci	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name)		
(Document Number)				
Certified Copies	_ Certificates of	f Status		
Special Instructions to Filing Officer:				

Office Use Only



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y 8/29/2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312
(850) 656-4724

DATE_	8/26/2	022					**WALK IN**
ENTITY	'NAME_	FLORIDA SAI	, INC.				<u>-</u>
DOCUM	MENT NU	MBER					
		PLE	ASE FILE THE AT	TACHED AN	D RETURN		
XXXX	XXXX	Plain Copy	•				
		Certified (Сору				
		Certificate 	of Status	44444444			
		PLEASE 087	TAIN THE FOLLOW	WING FOR T	HE ABOVE ENTI	774	
		Certified C	Copy of Arts & Ame	endments			
		Certified (Copy of Arts & Ame	endments Compl	ete File (Including	Annual Repor	ts)
		Certificate	e of Status				
		Certificate	of Status Reflecting	·9:			
		4903	STILLE' / NOTA	IRIAL CERT	TFICATTON		
COUNTR	RY OF DES	STINATION					-
NUMBET	R OF CER	TIFICATES REQUES					-
TOTAL	OWED \$	35.00		ACCOU	NT # 1201600000	072 Gr	:()>
Please	call Tin	a at the above nw	mber for any is	esues or con	icerns, Than	l you so m	uch!

COVER LETTER

FO: Amendment Section Division of Corporations					
SUBJECT: FLORIDA SAI, INC. Name of Corporation					
DOCUMENT NUMBER: F07000003292					
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
L FERRELL					
Name of Contact Person					
HARBOR COMPLIANCE					
Firm/Company					
1830 COLONIAL VILLAGE LN					
Address					
LANCASTER, PA 17601					
City/State and Zip Code					
PROFESSIONAL@HARBO	RCOMPLIANCE.COM				
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, p	blease call:				
HARBOR COMPLIANCE	at (717) 459-9173 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 Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee				
Tallahaccee FI 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

CR2E045 (04/13)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.150 statement of change is submitted for a corporation organized under the laws of t in order to change its registered office or registered agent, or both, in t	he State of MS
The name of the corporation: FLORIDA SAI, INC.	ac shire by Francia.
2. The principal office address: 6000 I-55 South, Jackson, MS 39255	
3. The mailing address (if different): PO Box 720099, Jackson, MS 39255	
4. Date of incorporation/qualification: Document number	er:
5. The name and street address of the current registered agent and registered offi Florida Department of State: (If resigned, enter resigned)	ce on file with the
CORPORATION SERVICE COMPANY	
1201 HAYS STREET	2022
TALLAHASSEE, FL 32301	
6. The name and street address of the new registered agent (if changed) and /or r (if changed):	三
Registered Agents Inc.	 . ව ස
7901 4th St N STE 300	2
P.O. Box NOT acceptable St. Petersburg FL 33702	
The street address of its registered office and the street address of the business as changed will be identical.	s office of its registered agent,
Such change was authorized by resolution duly adopted by its board of direct authorized by the board, or the corporation has been notified in writing of the	ors or by an officer so change.
/s/ Chet Hailey CHET HAILEY, SEC	
I hereby accept the appointment as registered agent and agree to act in this configuration of an interest of a statutes relative to the proof my duties, and I am familiar with and accept the obligation of my position of accument is being filed merely to reflect a change in the registered office addition of the corporation has been notified in writing of this change.	ped name and title apacity, per and complete performance as registered agent. Or, if this ress, I hereby confirm that the
Psec 1 08/26/2022	
Signature of Registered Agent 08/26/2022	Date
If signing on behalf of an entity:	
Bill Havre	

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