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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SARAZONA LIMITED INC.

Name of Corporation

DOCUMENT NUMBER: F13000005033

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:

	NORMAN J SHEA III CPA
	Name of Contact Person
1	SUPLEE SHEA CRAMER & ROCKLEIN PA
	Firm/Company
i	800 S OSPREY AVENUE
1	Address
;	SARASOTA FL 34236
i	City/State and Zip Code
1	KATHY@SUPLEE-SHEA.COM
	E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call: NORMAN J SHEA Name of Contact Person at (941) 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 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS 15 NOV - 6 AM IO: 51

1. The name of the corporation: SARAZONA LIMITED INC.

2. The principal office address: 1776 RINGLING BLVD

SARASOTA FL 34236

3. The mailing address (if different): Ampersand Management SA 5 Boulevard Des Philosophes 1205 Geneva, Switzerland CH

4. Date of incorporation/qualification: 11/19/2013 Document number: F13000005033

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JOHN J SHEA

1776 RINGLING BLVD

SARASOTA FL 34236

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NORMAN J SHEA III CPA

800 S OSPREY AVENUE

P.O. Box NOT acceptable

SARASOTA FL 34236

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

C inneiure of en officer or directo

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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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

kic Signature of Registered Agent

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If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)