K32152

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200254581162

12/16/13--01046--015 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SAVA MANAGEMENT, INC.

Name of Corporation

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:

GRANT STANTON SMITH

Name of Contact Person

VIVANCO & VIVANCO CORPORATE SERVICES LLC

Firm/Company

80 SW 8TH STREET, BRICKELL BAYVIEW BLDG. SUITE 2000

Address

MIAMI, FL 33130

City/State and Zip Code

gsmith@vivancoyvivanco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRANT STANTON SMITH 3, 305

Name of Contact Person

Area Code & Daytime Telephone Numb

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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA rto change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: SAVA MANAGEMENT, INC.
2. The principal	office address: 20930 SW 248 ST. HOMESTEAD, FL 33031
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 08/31/1988 Document number: K32152
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	JABRO, SHARON S
	20930 SW 248 ST.
	HOMESTEAD, FL 33031
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office $\frac{\sqrt{2}}{\sqrt{2}}$
	80 SW 8TH STREET, BRICKELL BAYVIEW BLDG. SUITE 2000
	P.O. Box NOT acceptable MIAMI, FL 33130
	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
- fazinte Signatu	TACINTO KOZHAYA re of a of officer of director Printed or typed name and title
I further agrêe i performance of agent. Or. if the	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sign	nature of Registered Agent Date
If signing on be	half of an entity:
Grai	yped or Printed Name

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