

L03 0000000 951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

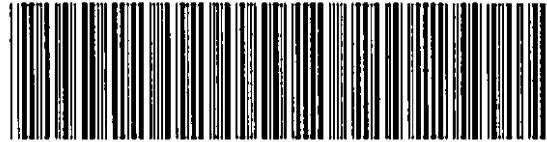
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

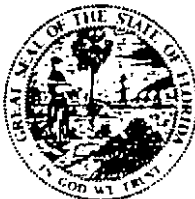
Office Use Only



200393947372

09/06/21 -- 10:00 AM -- 2021

2022 DEC 27 PM 4:02



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 DEC 27 PM 2:17

December 12, 2022

DONNA BARFIELD  
4460 MEDICAL CENTER WAY  
WEST PALM BEACH, FL 33407

SUBJECT: SAGE ACQUISITION GROUP, LLC  
Ref. Number: L03000000951

We have received your document for SAGE ACQUISITION GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 422A00027547

2022 DEC 27 PM 4:02

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAGE ACQUISITION GROUP, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONNA S. BARFIELD

Name of Person

SAGE ACQUISITION GROUP, LLC

Firm/Company

4460 MEDICAL CENTER WAY

Address

WEST PALM BEACH, FL 33407

City/State and Zip Code

CMARTINEZ@SAGECOMPANIES.NET

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

For further information concerning this matter, please call:

CHERIE MARTINEZ

Name of Person

at ( 561 )

721-9686

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2022 DEC 27 PM 4:02

**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. Name of the limited liability company: SAGE ACQUISITION GROUP, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

4460 MEDICAL CENTER WAY

4460 MEDICAL CENTER WAY

WEST PALM BEACH, FL 33407

WEST PALM BEACH, FL 33407

1/9/2003

L03000000951

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Date of filing/registration in Florida Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

DONNA S. BARFIELD

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

4241 NORTHLAKE BLVD., SUITE B

PALM BEACH GARDENS, FL 33410

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

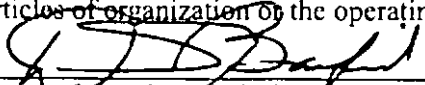
DONNA S. BARFIELD

**NEW** Registered Office Address:

4460 MEDICAL CENTER WAY

WEST PALM BEACH, FL 33407

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

DONNA S. BARFIELD, MGRM

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

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