"L0300000970

(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



700242940387

12/20/12--01020--020 **25.00

2012 DEC 20 PH 1: 07
SECRETARY OF STATE
TATT AHASSEE, FLORIDA

T. CLINE
DEC 2 1 2012
EXAMINER



Highland Oaks One 10150 Highland Manor Drive, Suite 300 Tampa, FL 33610-9712

December 18, 2012

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

> Re: Sage Enterprises III, LLC

FEI/EIN Number: 010761170

Dear Sir or Madam:

Enclosed for filing please find:

Statement of Change of Registered Agent for the above Limited Liability Company;
 The required \$25.00 filing fee made payable to Florida Department of State.

Please return all correspondence concerning this matter to the following:

Opis Management Resources, LLC Attn: LaJeana C. Deane, Corporate Paralegal 10150 Highland Manor Drive, Suite 300 Tampa, Florida 33610.

Should you have any questions, please feel free to contact me at 813-558-6646 or via email at LaJeana.Deane@OpisMR.com.

Sincerely,

LaJeana C. Deane. Corporate Paralegal Opis Management Resources, LLC

/lcd

Enclosures - as stated

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Na	me of the limited liability company: Sage Enterprises III, LI	.c	
2. (a)	Principal office address of limited liability company		
	(Note: MUST BE STREET ADDRESS)	Suite 300	<u> </u>
		Tampa, Florida 33610	-
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10150 Highland Manor Drive	
		Suite 300	
	(Tampa, Florida 33610	
01/09/03		L03000000970	
3. Da	te of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on	the records of the Florid	a Dept. of State:
	Registered Agent:	Dan Dias, P.A.	<u>≥</u>
	Registered Office Address:	5102 West Laurel Street	CAP CAP
	8	Suite 700	<u>>₹ 8</u>
		Tampa, Florida 33607	% ₹ %
			13. A. C.
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office ad	Idress: S
	NEW Registered Agent:	David Powers, Esquire	
			37
	NEW Registered Office Address:	7777 Glades Road	
	(MUST BE FLORIDA STREET ADDRESS)	Suite 300	TI said
		Boca Raton	,FL_33434
confir and th liabili the me the op	limited liability company is not organized under the med that after the change or changes are made, the F e business office of the registered agent will be idently company, it is hereby confirmed that the change(sembers of the limited liability company or as otherwiserating agreement of the limited liability company.	lorida street address of the tical. Or, in the case of a mas/were authorized by	he registered office I Florida limited an affirmative vote of
Printed	antyn G. Wood or typed hame of signee	_	
I here compl and I Chapi addre	by accept the appointment as registered agent and a with the provisions of all statutes relative to the pram familiar with and accept the obligations of my power 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the timited liability compan	ngree to act in this capac oper and complete perfo osition as registered agen erely reflect a change in w y has been notified in wr	ity. I further agree to rmance of my duties, nt as provided for in the registered office riting of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent