L0300000596

(Re	equestor's Name))		
(Ad	ldress)			
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
Bivision of Corporations		
SUBJECT: SAC Construction, 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 concernin	g this matter to the following:	
Aili Miller		
(Name of Person)		
Compliance Management & Insight I	nc.	
(Firm/Company)		
4540 C. All J. M. D. J. C. M. 200		
4548 S. Atherton Drive Suite 200	<u> </u>	
(Address)		
Colle Lake City, LIT 94100	` · · · ·	
Salt Lake City, UT 84123 (City/State and Zip Code)	 	
(6.13, 2.216 2.12 2.15 6626)		
For further information concerning this ma	itter, please call:	
Aili Miller	at (801) 747-5850 ext 2010	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the follow	ing amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

agent, or both, in the St	are of Frontal.		
1. The name of the lim	ited liability company is:	SAC Construction, LLC	
2. The mailing address	of the limited liability co	mpany is : 161 Bear Pen Road Pont	e Vedra Beach FL 32082
1/29/2003		L03000003596	·
3. Date of filing/registr	ation in Florida	4. Document number	
5. The name of the registres Florida Department of	of State:	tered office address as shown on th	e records of the
	CORPORATION SE	Name	
	1201 HAYS STREET	Name	
	TALLAHASSEE FL 32	Address 2301-2525 State and Zip	SECRE DIVISION 07 JAN
6. The name and address of the new registered agent and/or office:		FIL NOF CO N-2	
	Anthony L. Capasso		PR ORPE
	161 Bear Pen Rd	Name	STAT SRAT
•	Florida street address	(P.O. Box NOT acceptable)	TE TONS
y english s	Ponte Vedra Beach	FL 32082	<u></u> .
	City, S	tate and Zip	
confirmed that after the and the business office liability company, it is lof the members of the or the operating agreem	change or changes are most the registered agent winereby confirmed that the	under the laws of the State of Floricade, the Florida street address of the ll be identical. Or, in the case of a change(s) was/were authorized by or as otherwise provided in the artion of company.	e registered office Florida limited an affirmative vote
Anthony L. Capasso, Me			·
(Printed or typed name of sign			
I hereby accept the app comply with the provisi and I am familiar with a Chapter 608, F.S. Or, i address, I hereby confit	pointment as registered as ons of all statutes relative and accept the obligation of this document is being f mithat the limited liabilit	gent and agree to act in this capaci to the proper and complete perfor s of my position as registered agentiled to merely reflect a change in the y company has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.
(Signature of Registered Agen		O. Doy 6227 Tollaharra EV 222	21.4
Divis	sion of Corporations, P.C	O. Box 6327, Tallahassee, FL 323)1 4

FILING FEE: \$25.00