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(Re	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity·Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
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D. BRUCE
DEC 7 2009
EXAMINER



Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE: STATE:

12/1/2009 FLORIDA

REP UNIT:

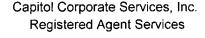
SA-LAKELAND, LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #18375 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

FILED

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA





COVER LETTER

Division of Corporations		
SUBJECT: SA-LAKELAND, LLC		_
(Name of L	imited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	<u> </u>	
Myra Homer		
(Name of Person)		
		7
Capitol Corporate Services, I	nc.	الــــــــــــــــــــــــــــــــــــ
(Firm/Company)		
000 D 0 !! 400		ASS
800 Brazos, Suite 400		HO -
(Address)		2 3 1 m
Austin TV 79701		DEC -4 PM 12: 39 WHASSEE, FLORIDA
Austin, TX 78701 (City/State and Zip Code)		\$ 66 € 6
(44,444,444,444,444,444,444,444,444,444		
For further information concerning this matter, p	lease call:	
Myra Homer at	(800) 345 - 4647	
(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 32314	
Tallahassee, Florida 32301	•	
Enclosed is a check for the following an	mount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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. Name of the limited liability company: SA-LAKE	LAND, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7: 4 West Red Oak Lane, Ste. 201 White Plains, NY 10604
(b) Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)	
2/20/2004	L04000013786
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Reback, P.A., Joseph L
Registered Office Address:	Four Seasons Tower, 1441 Brickell Ave, 15th FL Miami, FL 33131
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
NEW Registered Agent:	Capitol Corporate Services Fig
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Dr. STE ATT Tallahassee ,FL 32301 75
If the limited liability company is not organized under the lethat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the ca hereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.	ise of a Florida limited liability company, it is
(Signature of a member of authorized representative of a member)	•
Mitchell Staver Manager	· •
(Trained of typed finance of signer)	and the state of t
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	
(Signature of Registered Agent) Delanie Case, Assi	t. Sec.

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