LO4000013790

| (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: | | | | |
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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

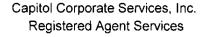
DATE: STATE: 12/1/2009 FLORIDA

REP UNIT:

SA-CLEWISTON, 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 #18371 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.







COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|-------|---|---|---|------------|---|
| SUB | JECT: SA-CLEWISTON, L (Name of | LC of Limited Liability Company) | _ | | |
| Dear | Sir or Madam: | | | | |
| The c | enclosed Registered Agent/Registered C | office Change and fee(s) are submitted for filing. | | | |
| Pleas | se return all correspondence concerning | this matter to the following: | | | |
| | Myra Homer | | A SE | 99 | |
| | (Name of Person) | | CRE AR |) PE(| 7 |
| | Capitol Corporate Services | s, Inc. | TAR ASSI | 7-(| |
| | (Firm/Company) | | 10 H | P | |
| | 800 Brazos, Suite 40 | 0 | SECRETARY OF STATE ALLAHASSEE, FLORIDA | ত্তি | Ö |
| | (Address) | <u>~</u> | AGI. | 3 9 | |
| | Austin, TX 78701 | | | | |
| | (City/State and Zip Code) | | | | |
| For f | urther information concerning this matte | er, please call: | | | |
| | Myra Homer | at (800) 345 - 4647 | | | |
| | (Name of Person) | (Area Code & Daytime Telephone Number) | | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle, Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| | Enclosed is a check for the following | g amount: | | | |
| | ■ \$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-CLEV | /ISTON, LLC |
|---|---|
| (a) Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>) | 4 West Red Oak Lane, Ste. 201 White Plains, NY 10604 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| 2/20/2004 | L04000013790 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on the | 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>NEW</u> | Registered Office address: |
| NEW Registered Agent: | Capitol Corporate Services Frc. 🚣 🔁 |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 155 Office Plaza Dr. STE A TO Tallahassee ,FL 32301 |
| If the limited liability company is not organized under the lathat 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. | aws of the State of Florida, it is hereby confirmed address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the |
| (Signature of a member or authorized representative of a member) | |
| Mitchell Starer, Manager | |
| (Printed or typed name of signee) I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the program familiar with and accept the obligations of my position of S. Or, if this document is being filed to merely reflect a cle confirm that the limited liability company has been notified. Delanie Case, Asst | |
| (Signature of Registered Agent) | |

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