L040000 13790

(Reque	estor's Name)		
(Addre	ss)		
(Addre	ss)		
(City/S	State/Zip/Phon	e#) ;	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Docu	ment Number)	
Certified Copies	Certificate	es of Status	
Special Instructions to Fill	ing Officer:		

Office Use Only



200249830312

07/22/13--01023--016 **25.00





CSC - WILMINGTON
Suite 400.
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013

Order#: 714327/242

Re: SA-CLEWISTON, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Evelyn Wright c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

13 JUL 22 AM 10: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-CLEWIS	TON, LLC	44-44-4
2. (a) Deinainal office address of limited liability comp	onsu 4 Red Oak Lane, Suite 20	11
 (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) 	White Plains, NY 10604	<u>' I </u>
(1,000,1200,220,120,120,120,120,120,120,1		
(h) Mailing address of limited liability company	4 Red Oak Lane, Suite 20	11
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	White Plains, NY 10604	<u> </u>
(1.000		
02/20/2004	L04000013790	
3. Date of filing/registration in Florida	4. Document number	
5. 24.0 cg. 105.01.01.01.01.01.01		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dept. of State:
Registered Agent:	Capitol Corporate Service	s, Inc.
Registered Agent.	£	- 1,
Registered Office Address:	155 Office Plaza Dr., Suite	<u> </u>
	Tallahassee, FL 32301	
		AR C
(b) Enter name of NEW Registered Agent and/or <u>I</u>	NEW Degistered Office add	ST N
(b) Enter hame of NEW Registered Agent and/or	VE W Registered Office and	mc a iii
NEW Registered Agent:	Corporation Service Com	pany
NEW Desistered Office Address	1201 Hays Street	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	Dri N
INCOLUDE LEGICIONI STREET TECHNOLOGY	Tallahassee	,FL_32301
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	the Florida street address of the dentical. Or, in the case of a lege(s) was/were authorized by servise provided in the articles	e registered office Florida limited an affirmative vote of
Dona Priebe, Authorized Person Printed or typed name of signee I hereby accept the appointment as registered agent and accept the appointment as registered agent accept the appointment as registered agent accept the appointment accept the	 nd coree to act in this canaci	tv. I further goree to
comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comporation Service Company By: Under Aran	e proper and complete perfor y position as registered agent merely reflect a change in the pany has been notified in wri	mance of my auties, as provided for in the registered office ting of this change.
Signature of Registered Agent Elizabeth A. Dawson, Asst. Vice President		

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

INHS18 (05/08)

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