L04000055781

VINOD C. GUPTA 17962 FOXEOROUGH LANE BOCA RATON FL 33496					
— (Address)					
(Address)					
(Cit	y/State/Zip/Phon	e #)	•		
PICK-UP	☐ WAIT	MAIL			
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//\	cument Number)		-		
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Certified Copies	Certificate	s of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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SECRETARY OF STATE BIVISION OF CORPORATIONS

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 voth, in the Stat	*		
1. The name of the limite	ed liability company is: _	SAV LLC	
2. The mailing address of	f the limited liability com	pany is :	
17962 FOX	(BOROUGH LANE, BO	DCA RATON, FL 33496	
7-26-200			00055781
3. Date of filing/registrat	ion in Florida	4. Document nur	mber
5. The name of the register Florida Department of		red office address as shown	on the records of the
·		D GUPTA	- .
= -		Name DROUGH LANE,	0 Bi
		ddress ON,FL 33496	SECONOMICS AND SECONO
		tate and Zip	AUG 2
6. The name and address	of the new registered age	nt and/or office:	PILEA PRY OR PCOR 29 P
SATYABALA GUPTA		PH 4	
	17962 FOXBO	ROUGH LANE,	RATIONS
	Florida street address (P.O. Box NOT acceptable)	
	BOCA RATON,	FL 33496	
	City, Sta	te and Zip	, <u> </u>
If the limited liability comeonfirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of the limited	or the limited hability con		Florida, it is hereby of the registered office of a Florida limited d by an affirmative vote of ticles of organization or
VIVEK C	IPTA -		
(Printed or typed name of signee)	(1)	, - 2. CMT	
I hereby accept the appropriate comply with the provision and I am familiar with an Chapter 608, F.S. Or, if I address, I hereby confirm Salaba (Signature of Registered Agent)	intment as registered age is of all statutes relative t d accept the obligations of his document is being file that the limited liability 7-2	nt and agree to act in this ca to the proper and complete p of my position as registered i ed to merely reflect a change company has been notified it	pacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.

FILING FEE: \$25.00