L06 000034438

(Address)	500356545785
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	··· 12/21/2001007025 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	200 DEC 21 PM
Special Instructions to Filing Officer:	S. YOUNG

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
FLORIDA LIFTS LLC SUBJECT:	
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for tiling.
Please return all correspondence concerning this ma	atter to the following:
Sylvain Aubry	
Name of Person	
Savaria Corporation	
Firm/Company	-
4350 Highway 13	
Address	•
Laval, Québec, Canada, H7R 6E9	
City/State and Zip Code	
legalregistration@savaria.com	
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, plea	ise call:
Sylvain Aubry	450 437-9414 t ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	ount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	ame of the limited liability company: FLORIDA	LIFTS LLC		
2.	(a)	1914 Corporate Drive, Boynton Beach, FL 33426			
	(-)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
7		2019/03/29 Date of filing/registration in Florida		5000034438 Document number	
3.		Douglas Sabra	4.	Document number	
Э.	(a)	Registered Agent and Registered Office shown on the recele 1718 Corporate Drive Registered Office Address (MUST BE FLORIDA ST		2028	
		Boynton Beach	, FL_33426		
(ł	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent and/or NEW Regis</u>	gistered Office addres	<u></u>	
		Boynton Beach			
ch ag wa	ange ent v is/we		the laws of the Sta of the registered o ited liability compa obers of the limited	te of Florida, it is hereby confirmed that after the ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.	
	Signat	ture of a member or authorized representative of a member		Printed or typed name of signee	
III pro the to no	herel ovisi e obli mere tified	V by accept the appointment as registered agent a	nd agree to act in t	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept ofer 605, F.S. Or, if this document is being filed rm that the limited liability company has been	

Division of Corporations

◆ P.O. Box 6327

◆ Tallahassee, FL 32314

FILING FEE: \$25.00

• . . •