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Division of Corporations

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From:

Account Name : STEVEN R. KUTNER, P.A.

Account Number : I20010000180

Fax Number

Phone : (407)644-1104 : (407)629-0090

REGISTERED AGENT CHANGE

S & A HOLDING, LLC

Certificate of Status	0
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12/18/2007

UEU 1 9 2007

12~18-2087

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

Pursuant to the provision liability company submit agent, or both, in the State	ons of sections 608.416 or 608. is the following statement in ord ie of Florida.	.508, Florida Statutes, the undersigned lim der to change its registered office or registe	ited red
1. The name of the limit	ed liability company is: S&AH	oldings, LLC	<u> </u>
2. The mailing address o	of the limited liability company is	s:	
225 E. Burleigh Boulevard	Tavares, Florida 32778		
June 18, 2007		L07000053685	
3. Date of filing/registra	tion in Florida	4. Document number	
5. The name of the regist Florida Department of		fice address as shown on the records of the	
	Sarfaraz Virani		
	Name		
	225 E. Burleigh Boulevard, Ta		
	Address	> σ -	
	City Store on		-
	City, State and	AR C	-
6. The name and address	of the new registered agent and	OEC 18 A LLAHASSET	
	Anita Hemani	To B	Ü
	Name 225 E. Burleigh Boulevard, Ta	avares, Florida 32778	, [
	Florida street address (P.O. B		-
,	FL	•	
,	City, State and	Zip	
confirmed that after the cand the business office o liability company, it is he of the members of the lift or the operating agreement.	thange or changes are made, the fine the registered agent will be ide	e laws of the State of Florida, it is hereby Florida street address of the registered office intical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vol herwise provided in the articles of organization ny.	te on
Anita Hemani			
(Printed or typed name of signer	a)	 .	
	pintment as registered agent and ns of all statutes relative to the p nd accept the obligations of my t this document is being filed to h n that the limited liability compa	l agree to act in this capacity. I further agree proper and complete performance of my autic position as registered agent as provided for t nerely reflect a change in the registered offic my has been notified in writing of this change	? 10 25, n e e.
(Signature of Registered Agent)			
5 0. 1.1		2227 M. N. J	

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

INHS18 (9/05)