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	INC.	236 P.O. Box 37066 (32315-		Avenue . Tallahassee, Florida 32303 ~ (850) 222-2666 or (800) 969-16	
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 3. 4. 	(CORPORATE)	NAME AND DOCUMENT	#)	ourg Hds, LLC	BEFARTSEN OF STATE
5.	(CORPORATE)	NAME AND DOCUMENT	#1		
6.		NAME AND DOCUMENT			2013 NAR SEGG IVA FALLAHAS
SPECIA	L INSTRUCTI	ONS:			SEC. 18 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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. The name of the limited liability company is:	Saga Realty, Middleburg Hts	LLC			
2. The mailing address of the limited liability cor					
Cleveland, OH 44120				,	
July 12, 2007	L07000072334				
3. Date of filing/registration in Florida	4. Document number				
5. The name of the registered agent and the register Florida Department of State: Wendy Graham		the records o	of the		
6849 Grenadier Blvd	Name d #604				
Naples, Fl 34108	Address		2613 M	-,, -	
•	State and Zip	init RS		****	
6. The name and address of the new registered ag	ent and/or office:	355 EE	8	1	
Corporate Access			1	<u>.</u> 	
236 E6th Ave	lame	22	<u>ب</u>	t.	
Florida street address	(P.O. Box NOT acceptable)	₹0 m² %*	27		
Tallahassee	FL 32303				
City, St	ate and Zip				
If the limited liability company is not organized use confirmed that after the change or changes are may and the business office of the registered agent will liability company, it is hereby confirmed that the the members of the limited liability company or a the operating agreement of the limited liability confirmed that the confirmed	ide, the Florida street address of I be identical. Or, in the case of change(s) was/were authorized by s otherwise provided in the artic mpany.	the registere a Florida lin y an affirma	ed office nited ative vo	te of	
(Signature of a member or authorized representative of a member	·)				
CYNTHA NEMEC					
(Printed or typed name of signee) I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being finadress, I hereby confirm that the limited liability (Signature of Registered Agent)	ent and agree to act in this capa to the proper and complete perf of my position as registered age iled to merely reflect a change in v company has been notified in w	city. I furth ormance of mt as provid the register riting of thi	er agre my dut ted for ed offic s chäng	e to ies, in ce ze.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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