

# L090000006092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

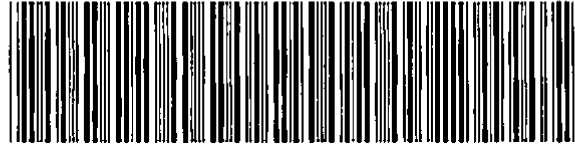
(Business Entity Name)

(Document Number)

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Office Use Only



900360205939

REC  
MAR 15 AM 9:51  
CLERK OF STATE  
TALLAHASSEE, FL

REC  
MAR 15 PM 2:12  
CLERK OF STATE  
TALLAHASSEE, FL

30LKEP  
MAR 01 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2021

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

SUBJECT: SAS HOLDINGS, LLC  
Ref. Number: L09000006092

**RESUBMIT**  
Please give original  
submission date as file date.

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Please submit only 1(one) signed document as you have submitted 2(two) forms signed by the authorized member and the other by the new registered agent representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 321A00003518

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : *[Signature]* 666417 4307439

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : February 15, 2021

ORDER TIME : 11:34 AM

ORDER NO. : 666417-005

CUSTOMER NO: 4307439

CHANGE OF AGENT

NAME: SAS HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAS Holdings, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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 amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

# 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. Name of the limited liability company: SAS Holdings, LLC

2. (a) <u>Principal office address of limited liability company:</u> (Note: <b>MUST BE STREET ADDRESS</b> ) <u>5525 West Cypress St.</u> <u>Tampa, FL 33607</u>	(b) <u>Mailing address of limited liability company:</u> (Note: <b>MAY BE POST OFFICE BOX</b> ) <u>5525 West Cypress St.</u> <u>Tampa, FL 33607</u>
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3. <u>January 20, 2009</u> Date of filing/registration in Florida	4. <u>L09000006092</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
David Koche  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
601 Bayshore Blvd., Suite 700  
Tampa, FL 33606

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Bear Defense Services, LLC  
NEW Registered Office Address:  
5525 West Cypress St.  
Tampa, FL 33607

2011 FEB 16 AM 9:51  
 DEPT. OF STATE  
 TALLAHASSEE, FL  
 FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization and the operating agreement of the limited liability company.

DocuSigned by: <u>Joseph W. Hagin</u> Signature of a member	<u>Joe Hagin, Authorized Person</u> Printed or typed name of signee
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified of this change.

Darrell Egan  
 Signature of Registered Agent