211000037102

(Re	questor's Name)					
(Address)						
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(Cit	y/State/Zip/Phone	#)				
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PICK-UP	☐ WAIT	MAIL				
······································	siness Entity Name	<u></u>				
(Du	Siless Citity Name	=)				
(Do	cument Number)					
Certified Copies	_ Certificates of	of Status				
Special Instructions to	Filing Officer:					
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2015 JUL 22 P 3: 56

INTERATOR



June 30, 2015

ELAINE LEARSON SCHOCH 298 TRADEWIND DRIVE PALM BEACH, FL 33480

SUBJECT: SACRED LLC Ref. Number: L11000037102

We have received your document for SACRED LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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 cঝ (850) 245-6051.

Deborah Bruce

Deborah Bruce Regulatory Specialist II

Letter Number: 215A00013740

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sacred, LLC Name of I	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for fi	ling.
Please return all correspondence concerning this man	tter to the following:	-
Elaine Learson Schoch		
Name of Person		
Firm/Company		2015 SEC TALL,
298 Tradewind Drive		2015 JUL 22 SECRETARY
Address		س س
Palm Beach, FL 33480		F STA
City/State and Zip Code		56 IDA
ElaineLear@mac.com		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter, pleas	se call:	
Elaine Learson Schoch	561 371-7634	
Name of Person	Area Code & Daytime 7	Γelephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amo	unt:	
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified ©	Сору

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.

I. Na	me of the limited liability company: Sacred, LLC					
2. (a)	298 Tradewind Drive	ĺ	(b) 298 Tradewind Drive			
,, (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ '	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Palm Beach, FL 33480	_	Palm Be	ach, FL 33480)	=
	03/28/2011		L1100003	37102		
. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document numb	er	
. (a)	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD	he Flori	la Dept. of State	X		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>			
	Floine Learnen School			2015 JUL SECRETA ALLAHAS		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	TARY OF STATE LASSEE, FLORID	22 P :	LED
	298 Tradewind Drive NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	ATE PRIDA	ઝ 56	
	Palm Beach ,FL	3348)			
he cha gent v vas/we he arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lure of a member or authorized representative of a member	the reg bility (f the li	istered office company, it is mited liability	e and the business s hereby confirmed y company or as of	s office ed that otherwi	of the registered the change(s) ise provided in
provisi he obl o merc orified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I have a change. My Change The of Registered Agent Carlo Collection The of Registered Agent The contraction of the change of the contraction of the change of the contraction of the change of the contraction of the contractio	ee to a perfori I for in eereby	ct in this cape nance of my of Chapter 605 confirm that	acity. I further a duties, and I am j , F.S. Or, if this the limited liabili	gree to amilian docum ty com	comply with the r with and accept ent is being filed pany has been

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