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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/16/18

NAME:

SABER BONITA, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Saber Bonita, LLC					
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Register	ered Office Change and fee(s) are submitted for filing.				
Please return all correspondence conce	rning this matter to the following:				
TERI STAPLETON					
Name of Perso	n				
UNISEARCH, INC.					
Firm/Company	,				
PO BOX 1221					
Address					
WESTCLIFFE, CO 81252					
City/State and Zip	Code				
TERI.STAPLETON@UNISEAR	CH.COM				
E-mail address: (to be used for fu	ture annual report notification)				
For further information concerning this	matter, please call:				
TERI STAPLETON	720 386-3108				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRI	ESS: MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32314					
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
☑ \$25 Filling 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	me of the limited liability company: Saber Bonita	, LLC				
2. (a)	20900 NE 30TH AVENUE, SUITE 812	(b)	80 BUSIN	NESS PARK DE	RIVE, SUITE	306
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Ma	ailing address of limite		<u>/:</u>
	AVENTURA, FL 33180	<u></u>	ARMONK	C, NY 10504		
	12/15/2011		L1100014	11186		
 (a) 	Date of filing/registration in Florida NRAI SERVICES, INC	4.	כ	Document number		
J. (L)	Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND RD Registered Office Address (MUST BE FLORIDA STREET)		<u> </u>			
	PLANTATION , FL	33324			18 1	
(b)	Unisearch, Inc.					冒
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:			LED
	155 Office Plaza Drive				- STEI	_
	NEW Registered Office Address:				10 mm	
	Tallahassee	32301				
was/we the arti	imited liability company is not organized under the launge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the number of a member or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. If it is a change in the registered office address. If it is a change in the registered office address.	f the regis lability co of the limited li limited li	tered office a mpany, it is l ited liability iability comp nette Triviç	and the business on hereby confirmed company or as oth pany. gno, Authorized Printed or typed name	ffice of the regi- that the change herwise provided I Person of signee	stered (s) d in
	er Stapletan re of Registered Agent					