

L12000034205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

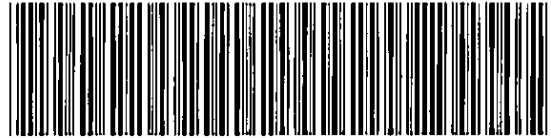
(Business Entity Name)

(Document Number)

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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

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**DATE: 7/16/18**

**NAME: SABER CORNER EQUITY, LLC**

**TYPE OF FILING: CHANGE OF AGENT**

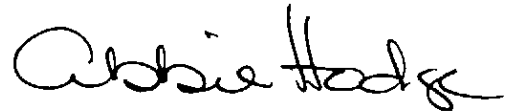
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Saber Corner Equity 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:

TERI STAPLETON

Name of Person

UNISEARCH, INC.

Firm/Company

PO BOX 1221

Address

WESTCLIFFE, CO 81252

City/State and Zip Code

TERI.STAPLETON@UNISEARCH.COM

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

For further information concerning this matter, please call:

TERI STAPLETON

Name of Person

at ( 720 ) 386-3108

Area Code & Daytime Telephone 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 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: Saber Corner Equity LLC

2. (a) 20900 NE 30TH AVENUE, SUITE 812

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

AVENTURA, FL 33180

(b) 80 BUSINESS PARK DRIVE, SUITE 306

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

ARMONK, NY 10504

03/09/2012

3. Date of filing/registration in Florida

L12000034205

4. Document number

5. (a) NRAI SERVICES, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 S PINE ISLAND RD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PLANTATION, FL 33324

(b) Unisearch, Inc.

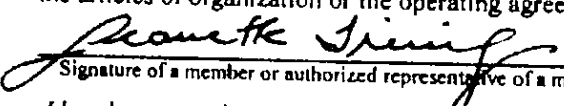
Enter name of NEW Registered Agent and/or NEW Registered Office address:

155 Office Plaza Drive

NEW Registered Office Address:

Tallahassee, FL 32301


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 or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Jeanette Trivigno, Authorized Person

Printed or typed name of signee

*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 to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

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18 JUL 16 AM 9:03  
STATE OF FLORIDA  
TALLAHASSEE