LIZ 0000 38972

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP		MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v

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COVER LETTER

TO: **Registration Section Division of Corporations**

Sancial Factory LLC Name of Limited Liability Company SUBJECT:

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:

ISG Marks Name of Person

Endal Factory LLC

1024111 UVE/SEGS HWY Address 1041 argo pa 3303 City/State and Zip Code

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

For further information concerning this matter, please call:

<u>Name of Person</u> at <u>(305)</u> <u>L153-9144</u> 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.

l. Na	me of the limited liability company: <u>Sanclal Factory LU</u>
2. (a)	(b)
()	Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	12657 South Divie Hury 102411 Overseas Hury
	Suite 302 - Keylargo, A33037 Dinecrest, FC 33156
	3-19-12 LI2000038972
3.	Date of filing/registration in Florida 4. Document humber
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> 13657 SOUTH DIVUE HWY, STE 302
	PURCESTFL_331STC
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :
	12657 South Dive Huy ste 2018 NEW Registered Office Address: PUNCLEST, PL 331576
	.FL
the cha agent v was/we	imited liability company is not organized under the laws of the State of Floridarit is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
	ture of a member or authorized representative of a member Printed or typed name of signee
11.000	ture of a member or authorized representative of a member Printed or typed name of signee by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the tons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept livations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed

provisions of all statutes relative to the proper and complete performance of my duries, and the document is being file the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

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