# LACOIA 7405

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155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/23/20

NAME: SABAL PALM INTERNATIONAL LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE CA-HOOGE

## 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. N	lame of the limited liability company: SABAL PALM	M INTERNATION	AL LLC
2. (a)	BOULEVARD GEORGES-FAVON 8	(b)C/O GH	SK
2. ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		dailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	GENEVA, SWITZERLAND 1204 CH	675 THI	RD AVENUE., 26TH FLOOR
		NEW YO	DRK, NY 10017-5704
	10/05/2012	L1200012	27405
3.	Date of filing/registration in Florida	4.	Document number
5. (a	CORPORATION SERVICE COMPANY		
J. (a	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State	2020 J
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1201 HAYS STREET		7020 JUL 23
	TALLAHASSEE	32301	PH 12: F
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 155 Office Plaza Drive, 1st Floor <u>NEW Registered Office Address:</u>	Office address:	
	Tallahassee, FL	,32301	
the chagent was/w the ar Sign I heroprovise the obtomes	limited liability company is not organized under the law sange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liayere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attree of a member organization of the operative of a member eaby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete originations of my position as registered agent as provide rely reflect a change in the registered office address. It is a change in this change.	the registered office ability company, it is of the limited liability community community community community community capacity this capacity this capacity this capacity capacity the capacity	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.  In behalf of Draze Management Ltd  Printed or typed name of signee  Active I further garee to comply with the
(See	e attached) ure of Registered Agent		
Signat	are or registered regent		

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

**DATE:** 7/13/2020

ENTITY NAME: Sabal Palm International LLC

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated