L12000/60612

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
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2013 SEP -5 PH 3: 25
SEPTEMASSEE, FLORIDA



SEP - 6 2013 J. BRYAN



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 3, 2013

GREG MAIN-BAILLIE SA BOYS LLC 290 NE 5TH AVE #8 DELRAY BEACH, FL 33483

SUBJECT: SA BOYS LLC Ref. Number: L12000160612



We have received your document for SA BOYS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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 call (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 913A00016481

COVER LETTER

Division of Corporations	
SUBJECT: SA None of Limi	LC
Name of Limi	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Grey Main - Ba;	
SA Bays LLC Firm/Company	2013 SEP -5 PH 3: 26 TALL ATTASSEE. PLONID
290 NE 5th A	enut #8
De Iray Beach, FL City/State and Zip Code	33483
E-mail address: (to be used for future annual report notifice.) For further information concerning this matter, p	
at	()
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	mount:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (5/08) Check is on file pl	euse see attached (sitespondence

STATEMENT OF CHANGE QF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 12-27-2012 L12000160612 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 Printed or typed name of signed

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 608, F. S. In., if this document is being filed to merely reflect a change in the registered office address, I hereby eighter 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