## Fling Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

; ;

## LLC REGISTERED AGENT CHANGE SABER ARMS LLC

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## 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 Nam	ne of the limited liability company: SABER A	RMS	S LLC			
4	L282 Cordova Cir.	/h-	P.O. BOX 14003			
2. (a) <u>1</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OF FICE BOX)				
	Tallahassee, FL 32317		TALLAHASSEE, FL 323	317		
-		=				
-		=				
(	02/28/2013		L13000030818			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	CORPORATION SERVICE COMPANY					
	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:			
	1201 HAYS STREET			• • • •	2	
	Registered Office Address (MUST BE FLORIDA STREET AL	ODRESS	1		22	
					FEB_23	_
	TALLAHASSEE EI 3	32301		35	23	ï
•			<del>, 121 - 10</del>	711 711	<b>-</b>	ľ
(0) _	Registered Agents Inc.			957 857		Ĺ
E	Enter name of NEW Registered Agent and/or NEW Registered C	office ado	<u>dress</u> :	57	9	
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300					
			,		,	
	St. Petersburg	33702	<u> </u>		•	
the chan agent wi was/wer the artic	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of a member or authorized representative of a member	he regist pility contains the limited l	stered office and the business office office and the business office office office that it is hereby confirmed tha	t the chang	egistered ge(s)	  -
			Printed or typed name of s	_		
provisio the oblig to merei	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.  Bill Havre - Assistant	for in ( ereby co	ance of my duties, and 1 am famili Chapter 605, F.S. Or, if this docur onfirm that the limited liability cor	o comply v ar with an nent is bei npany has	with the d accept ing filed been	ř

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

Signature of Registered Agent