L13000035852

(Reg	uestor's Name)						
(104)							
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(Address)							
(City/State/Zip/Phone #)							
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: March 25, 2015

Order#: 540425/038

Re: SARATOGA CHIPS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX __ Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.	Na	me of the limited liability company:	SARATOGA CI	HIPS, LLC	<u>C</u>		
2	(a)	7995 Mahogany Run Lane		(b)	7995 Mahogany Run Lane		
	(4)	Principal office address of limited lial (Note: MUST BE STREET A		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Naples I	FL 34113		Naples, FL 34113		
		03/08/2013			L13000035852		
3.		Date of filing/registration in	Florida	4.	Document number		
5.	(a)	William G. Morris					
	` '	Registered Agent and Registered Office show	n on the records of	the Florida	a Dept. of State:		
		247 N COLLIER BLVD, Suite 202					
		Registered Office Address (MUST BE FI	ORIDA STREET	ADDRESS)	5 	VOISTAIG VOISTAIG	
		Marco Island	, FI	<u>. 34145</u>			
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/o	or NEW Registered	l Office add	Idress:	CORPUBATE CORPUBATE	
		1201 Hays Street			 		
		NEW Registered Office Address:					
		Tallahassee	, FI	32301			
th ag w th	e cha gent v as/we e arti	ange or changes are made, the Florida will be identical. Or, in the case of a Fere authorized by an affirmative vote of cles of organization or the operating a number of authorized representative by accept the appointment as register.	street address of Florida limited ling of the members of the of a member of a member	f the regis lability co of the limited	e State of Florida, it is hereby confirmed that istered office and the business office of the company, it is hereby confirmed that the chanited liability company or as otherwise provile liability company. Printed or typed name of signee at in this capacity. I further agree to comply the company and I am familiar with a Chapter 605, F.S. Or, if this document is be confirm that the limited liability company has	registered nge(s) rided in	
no	onne	in writing of this change. The D Registered Agent Corporation Serv	~		Sylvia Queppet, Asst. Vice President	w veen	

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