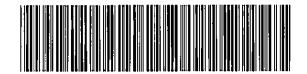
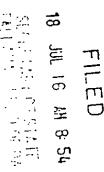
## L/3000068548

(Re	questor's Name)			
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(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	s of Status		
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 7/16/18

NAME: SABER CORNER EQUITY II, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	Saber Corner Equity II LLC					
	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Offic	c Change and	fee(s) are submitted for filing.			
Please return	all correspondence concerning this	s matter to the f	oflowing:			
TERI STA	PLETON					
	Name of Person		_			
UNISEAR	CH, INC.					
	Firm/Company					
PO BOX 1	221					
	Address		_			
WESTCLI	FFE, CO 81252					
	City/State and Zip Code	<del></del>	<del>-</del>			
TERI.STA	PLETON@UNISEARCH.CON	1				
E-mail	address: (to be used for future annu	al report notific	eation)			
For further in	nformation concerning this matter, p	lease call:				
TERI STAI	PLETON	720	<b>386-3108</b>			
	Name of Person		Area Code & Daytime Telephone Number			
Regis	EET/COURIER ADDRESS: stration Section	MAILING ADDRESS: Registration Section				
	sion of Corporations	Division of Corporations				
	on Building Executive Center Circle	P.O. Box 6327				
	hassee, Florida 32301	Talla	ahassee, Florida 32314			
Encl	osed is a check for the following a	mount:				
<b>2</b> \$2	5 Filing Fee	<b>\$55</b>	Filing Fee & Certified Copy			
INHS18 (2/14)	)					

## 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.

· · · · · · · · · · · · · · · · · · ·	limited liability company: Saber Corn	er Equity II L	LC
· · · · · · · · · · · · · · · · · · ·	E 30TH AVENUE, SUITE 812	(b) 80	BUSINESS PARK DRIVE, SUITE 30
	cipal office address of limited liability company: (Note: MUST BE STREET ADDRESS) URA, FL 33180	.,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  RMONK, NY 10504
05/09/2		 L1:	3000068548
	ate of filing/registration in Florida ERVICES, INC	4.	Document number
Registered A	gent and Registered Office shown on the records of PINE ISLAND RD		. of State:
Registered (	Office Address (MUST BE FLORIDA STREET	(ADDRESS)	<u></u>
PLANTA	ATION, F	L_33388	
(b) Unisearc	h, Inc.		
155 Offic	f NEW Registered Agent and/or NEW Registere Ce Plaza Drive  Gred Office Address:	ed Office address:	
Tallahas	see	<sub>L</sub> 32301	<del></del>
ent will be identi is/were authorize articles of organ	cal. Or, in the case of a Florida limited lid by an affirmative vote of the members at a sizuation or the operating agreement of the	iability compan of the limited li limited liabilit	Trivigno, Authorized Person
hereby accent the			Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed that the limited liability company has been
nerely reflect a d lifigd in writing d	change in the registered office address, I	hereby confirm	that the limited lightling comment is being filed