214000116261

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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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.	Na	me of the limited liability company: SAGO MANAGE	MENT GROUP, I	LLC	
?	(a)	18459 Pines Boulevard, 476	(b)		
	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Pembroke Pines, FL 33029			
		07/23/2014	L14000	6261	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	Eloy Paez			
~.	(=)	Registered Agent and Registered Office shown on the records of ti	he Florida Dept, of St	ate: ;	
		18459 Pines Boulevard, 476			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	_	
		Pombroka Rinos	22020		
		Pembroke Pines	33029	-	
	(b)	Corporation Service Company		V	
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:		
		1201 Hays Street			
		NEW Registered Office Address:			
		Tallahassee, FL	32301		
th ag wi th	e cha ent v as/we e arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia creathorized by an affirmative vote of the members of class of organization or the operating agreement of the law of a member or authorized representative of a member	the registered officibility company, it fitted limited liability conjuncted liability conjunction. Jill Cilmi, Author act in this conjunction that the conjunction of	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. Printed or typed name of signee	
pr th to no	ovisi e obl mere otified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete it is attempted in the proper and complete it is attempted agent as provided as provided in the registered office address. I have a supply the first change. It is a frequent of the company of the Registered Agent Corporation Service Company	performance of m il for in Chapter 6 vereby confirm tha	ipacity. I further agree to comply with the v duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been asper, Asst. Vice President	

CSC 251 Little Falls Drive Wilmington. Delaware 19808-1674

STAMP PLACE

HERE

CSC 251 LITTLE FALLS DR WILMINGTON DE 19808-1674



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		Registered Office Address (MUST BE FLORIDA STREET)	<u></u>			
		Pembroke Pines FI	33029		•	
	(b)	Corporation Service Company				
		Enter name of NEW Registered Agent and/or NEW Registered	i Office adu	lress:		
					.t	
		1201 Hays Street			. ,	
		NEW Registered Office Address:				
		<u> </u>			-	
		Tallahassee	32301			
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— <u>s</u>	ignat	upe of a member or authorized representative of a member		711111, 714410	Printed or typed name of signee	
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Sig	natu	re of Registered Agent Corporation Service Company	BY: A	mi M. Cas	per, Asst. Vice President	