## 150000027680

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filling Officer:						

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## FLORIDA FILING & SEARCH SERVICES, INC.

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assie Hooke

DATE:

7/16/18

NAME: SABER HALLANDALE, LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

•	ision of Corporations				
SUBJECT:	Saber Hallandale, LLC				
		ne of Limited Lial	pility Company		
Dear Sir or	Madam:				
The enclose	d Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.		
Please retur	n all correspondence concerning th	is matter to the fo	flowing:		
TERI STA	APLETON				
	Name of Person		_		
UNISEAF	RCH, INC.				
	Firm/Company		-		
РО ВОХ	1221				
	Address	-	-		
WESTCL	IFFE, CO 81252				
-	City/State and Zip Code	<del> </del>	-		
	APLETON@UNISEARCH.CO				
E-mai	laddress: (to be used for future and	nual report notific	ation)		
For further	information concerning this matter,	, please call:			
TERI STA	APLETON	720	386-3108		
	Name of Person		Area Code & Daytime Telephone Number		
		LING ADDRESS:			
	sistration Section		Registration Section		
	rision of Corporations		Division of Corporations		
	fton Building		P.O. Box 6327		
	1 Executive Center Circle lahassee, Florida 32301	Talla	thassee, Florida 32314		
Enc	closed is a check for the following	amount:			
Ø \$	\$25 Filing Fee	□ <b>\$</b> 55	Filing Fee & Certified Copy		
INHS18 (2/1	4)				

## 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. N	lame of the limited liability company: Saber Halland	dale	, LL	С	
2. (a)	20900 NE 30TH AVENUE, SUITE 812		(b)	80 BUS	INESS PARK DRIVE, SUITE 306
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  AVENTURA, FL 33180	<del></del>	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		_		ARMON	IK, NY 10504
	02/13/2015	_		L150000	27680
3.	Date of filing/registration in Florida	- 4.	-		Document number
5. (a)	NRAI SERVICES, INC				
	Registered Agent and Registered Office shown on the records of I 1200 S PINE ISLAND RD	he Flo	rida .	Dept. of State	H
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
					7.23 <b>8</b>
	PLANTATION , FL	3332	24		CREAT PL
(b)	Unisearch, Inc.				器型 B m
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	addı		mon & O
	155 Office Plaza Drive				8: 33 6: 33
	NEW Registered Office Address:			·	<i>y</i> <b>u</b>
	Tallahassee , FL	3230	)1		
agent v was/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	bility	con	pany, it is	and the business office of the registered hereby confirmed that the change(s)
Signa	ture of a member or authorized representative of a member	Je	ean		gno, Authorized Person
					Printed or typed name of signee
provisi he obl o mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he if in writing of this change.	e to a erfor for ir ereby	nct in man 1 Ch con	this capa ce of my d apter 605, firm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Signatu	e of Registered Agent				
J	Brown of the tr				