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(Re	equestor's Name)	
(Ad	dress)	
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(6)	Wichele Win IDhama	
, (CI	ty/State/Zip/Phone	· #*)
PICK-UP	☐ WAIT	MAIL
(0)	- in the Frank Name	
(Bt	isiness Entity Nam	ie)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

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TO: Registration Section	
Division of Corporations	
SUBJECT: Savaso a Romo Name of Limit	Honal Sales LLE ted Liability Company
Description of the control of the co	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	a and fee(s) are submitted for filing
The enclosed Registered Agent/Registered Office Change	and ree(s) are submitted for filling.
Please return all correspondence concerning this matter to	o the following:
Troube forms an correspondence concerning this matter to	Jule fortowing.
Rhonee I. Spodless Name of Person	
Savaso fa Promotional Sa Firm/Company	lesur
3916 Middlesex PL Address	ZOIN FEB
Sawasota 72 342 City/State and Zip Code	320 P R
Email address: (to be used for future annual report	
For further information concerning this matter, please cal	l:
	141,822-1726
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

1.10/144	
1. Na	me of the limited liability company: Sarasota Promotional Sales, LLC
2. (a)	Saigs of a Promotional Sairs LLC Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	3916 middlesex PL 3916 middlesex PC
	Sarasota, FL 34241 Savasota, FL 34241
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	13302 Winding Dak C+. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	<u>A</u>
	Jampa, FL 336/2 FL ===================================
(b)	Rhonee J. Goodless
	Enter name of NEW Registered Agest And/or NEW Registered Office address:
	Savasata Promotional Sales, LLC NEW Registered Office Address:
	3916 Middlesex PL
	Sarasota, FZ 34241
the char agent w was/we the arti-	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. A ce
provision the obli to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.

Signature of Registered Agent