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(R	equestor's Name)		
(Ad	ddress)	· ·	
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(C	ity/State/Zip/Phone #	()	
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16 OCT 18 PM 2: 33 DIVISION OF CORPORATIONS

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: COVER LETTER

_	istration Section ision of Corporations			
SUBJECT:	The Safe Agency			
SUBJECT.	Name of Limited Liability Company			
Dear Sir or I	Madam:			
The enclose	d Registered Agent/Registered Offic	ce Change an	d fee(s) are submitted for filing.	
Please return	n all correspondence concerning this	s matter to th	e following:	
Seifalla Si	idky			
	Name of Person			
THE SAFI	E AGENCY			
	Firm/Company			
7306 NW	61 Terr			
	Address			
Parkland,	FL 33067			
	City/State and Zip Code		·········	
seif@thes	afeagency.com			
E-mail	address: (to be used for future annu	al report not	ification)	
For further i	information concerning this matter,	please call:		
Seif Sidky	,	786	2672951	
	Name of Person	ai (Area Code & Daytime Telephone Number	
Reg Div Clif 266	REET/COURIER ADDRESS: distration Section dision of Corporations don Building Executive Center Circle dahassee, Florida 32301	P 1 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassec, Florida 32314	
Enclosed is a check for the following amount:				
☑ \$	25 Filing Fee		\$55 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.

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at after registered inge(s) vided in y with the and accept eing filed as been
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