## 115000123192

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

Office Use Only



300291764573

10/31/16--01021--027 \*\*25.00

16 OCT 31 PM 4: 80

110V 0 2 2016

A 45 11 17 12 13

## COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations					
SUBJECT:	SAJE House, LLC					
SUBJECT.	Name of Limited Liability Company					
Dear Sir or M	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and fo	ee(s) are submitted for filing.			
Please return	n all correspondence concerning th	is matter to the fo	ollowing:			
Alexander	Vandervert					
	Name of Person		-			
SAJE	House, LLC Firm/Company					
	Firm/Company		_			
1949 Wile	y St					
	Address					
Hollywood	I, FL 33020					
	City/State and Zip Code		_			
contact@s	sajehouse.com					
E-mail	address: (to be used for future and	nual report notific	ation)			
For further i	nformation concerning this matter.	, please call:				
Alexander	Vandervert	9 <b>54</b> at (	789-7655			
***************************************	Name of Person		Area Code & Daytime Telephone Number			
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enc	losed is a check for the following	amount:				
☑ \$	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

## 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.

	me of the limited liability company:				
. (a)	Principal office address of limited liability company:			ing address of limited liability company:	
•	(Note: MUST BE STREET ADDRESS) 1949 Wiley St.		<u>ه</u> 1949 Wiley	( <u>Note: MAY BE POST OFFICE BOX)</u> lev St	
	Hollywood, FL 33020	<del></del>	Hollywood,	<u> </u>	
	7/17/2015		L150001231	92	
	Date of filing/registration in Florida	4.	Do	ecument number	
(a)	Alexander Vandervert				
(α)	Registered Agent and Registered Office shown on the records of	of the Flor	ida Dept. of State:		
	Registered Office Address 820 South L St.,	T <u>ADDRE</u>	<u>(SS)</u>		
	Lake Worth	<sub>L</sub> 3346	0	·m.	
(b)	Alexander Vandervert			16 C	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			CT31	
	NEW Registered Office Address:			FLORIDA	
	1949 Wiley St.,			PARIDA ORIDA	
	Hollywood, i	<sub>L</sub> 3302	0		
e cha gent v as/we	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the control of the contro	of the re liability s of the l	gistered office an company, it is he imited liability co	nd the business office of the register ereby confirmed that the change(s) company or as otherwise provided in	
				VANDERVEYET inted or typed name of signee	
Signa	ture of a member or authorized representative of a member	_	Pr	inted or typed name of signee	

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent