215000123447

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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S. YOUNG

SECRETARY OF STATE TALL ANASSEE, FLORID

> FILED SECRETARY OF STATE ALLARASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 4, 2016

KEVIN PRIEST 6720 BRIDLEWOOD CT BOCA RATON, FL 33433

SUBJECT: SUGAR SAND SALES LLC

Ref. Number: L15000123667

We have received your document for SUGAR SAND SALES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed un and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 016A00016424

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Sugar Sand Sales Le Name of Lim	L C ited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Route Priest Name of Person			
Sugar Sand Sales LL (Firm/Company		16 AUG	FALLAHA
6720 Bridlewood ct.		-2 P	255 255 255 255 255 255 255 255 255 255
Address		PH 2:	LT OUD!
Boca Roton FL 33433	_	2: 35	RID!
City/State and Zip Code			
SagarsalesLLC@gmail.com			
E-mail address: (to be used for future annual repor	t notification)		
For further information concerning this matter, please ca	all:		
Kevin Riest at ((81) 702-9006		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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.

1. Na	me of the limited liability company:	Sand	Sa	les		
2. (a)	6720 hillewood con backboom FL 83433	_ (b) _				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3.	Date of filing/registration in Florida	- 4.	L	150001236 Document number	67	
5. (a)	Florida Regimend Agent L.C.			<u> </u>		
	Registered Agent and Registered Office shown on the records of the 3838 N. Rockey Point Por Registered Office Address (MUST BE FLORIDA STREET A St. 150 A Tampa , FL. Kevin Mest	DDRESS)	ot. of St	ate:	16 AUG -2 PM 2:	SECRETARY OF 5
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u>s</u> :		ယ္က	35A
	6720 Brillewood Ct. NEW Registered Office Address: Boca Raton					
	, FL_	3347	<u>3_</u>	_		
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the register ibility comp f the limited	ed offi any, it I liabil	ce and the business office is hereby confirmed that lity company or as otherw	e of the rathe changing the changing the change in the cha	egistered ige(s)
_	ture of a normaler or authorized representative of a member					ماداد والماد
provisi the obl to mer notified	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act in performanc I for in Cha iereby confi	inis ca e of m pter 6 rm tha	spacity. I jurther agree to y duties, and I am familia 05, F.S. Or, if this docum at the limited liability com	comply r with ar with ar sent is be pany ha	wiin ine id accept ing filed s been
Signatu	Ge of Repistered Apent					