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| (Re | questor's Name) | | | | |
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| (Cit | y/State/Zip/Phone | ; #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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SECRETARY OF STATE
NALLAHASSEE, FLORIDA

Office Use Only

COVER LETTER

| TO: Registration Division of C | | | | | | |
|---|--------------------------------------|---|--|--|--|--|
| SA Co | oncepts, LLC | | | | | |
| Name of Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registe | ered Agent/Registered Office Chan | nge and fee(s) are submitted for filing. | | | | |
| Please return all corr | espondence concerning this matter | r to the following: | | | | |
| Deborah Love | | | | | | |
| | Name of Person | | | | | |
| Friedman, Rosen | wasser & Goldbaum, P.A. | | | | | |
| | Firm/Company | | | | | |
| 7280 W. Palmetto | Park Road, Ste. 202-N | | | | | |
| | Address | | | | | |
| Boca Raton, FL 3 | 3433 | | | | | |
| | City/State and Zip Code | | | | | |
| dlove@frglaw.cor | n | | | | | |
| E-mail address: | (to be used for future annual repor | ort notification) | | | | |
| For further informati | on concerning this matter, please ca | eall: | | | | |
| Deborah Love | | 61 404-8755 | | | | |
| Nam | e of Person | Area Code & Daytime Telephone Number | | | | |
| Registration Division of C Clifton Build 2661 Execut | Corporations | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | |
| Enclosed is | a check for the following amount | t: | | | | |
| ☑ \$25 Filing | ş 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 | ame of the limited liability company: SA, LLG S | A | ioncer | 145, L | .LC | , | |
|--|--|--------------------------------|---|--|---------------|--------|------------------------|
| 2. (a) | 250 NW 23rd St., #312 | | (b) 250 NW | 23rd St., #3 | 312 | | |
| ` / | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | · , | lailing address of (<u>Note: MAY B</u> | | | |
| | Miami, FL 33127 | _ | Miami, F | I 33127 | | | |
| | 12/19/2016 | | L1500014 | 7174 | | | |
| 3. | Date of filing/registration in Florida | - 4. | | Document nui | mber | | |
| 5 (a) | Friedman Rosenwasser & Goldhaum P A | | | | 4 | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | the Flori | da Dept. of State | : | SEORE | 17 NOV | 1 × . cQ. |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | AS: | 113 | ्र (विशेष्टकर |
| | 5355 Town Center Rd., Ste. 801 | | | | - XHC | | ्रीयान के इस्मान |
| | Boca Raton , FL | 3348 | 6 | | OF ST | AH 7: | |
| (b) | Friedman, Rosenwasser & Goldbaum, P.A. | | | | AILE RIDA | | |
| (0) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office a | ddress: | | | | |
| | Friedman, Rosenwasser & Goldbaum, P.A. | | | | | | |
| | NEW Registered Office Address: | | | | | | |
| | 7280 W. Palmetto Park Rd., Ste. 202-N | | | | | | |
| | Boca Raton , FL | 3343 | 3 | | | | |
| the cha agent v was/we the arti | imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of the operating agreement of the | ws of the regability of the li | te State of Flogistered office company, it is mited liability | and the busin hereby confir company or a | ess office | of the | e registere ange(s) |

I hereby 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.

Printed r typed name of signee

Ranald M., Rosmwasser Signature of Registered Agent

Signature of a member or audiorized representative of a member