15000/64422

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

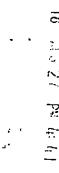
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SEP - 7 201" S. PRATHET.

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	Sabal Hill LLC				
SOURIT	Name of Limited Liability Company				
Dear Si	ir or Madam:				
The end	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please i	return all correspondence concerning th	is matter to the following:			
Maria	Henderson				
	Name of Person				
Sabal	Hill LLC				
	Firm/Company				
13218	3 West Broward Blvd				
	Address				
Planta	ation, FL 33325				
	City/State and Zip Code				
hende	erson@sabalhill.com				
E-	-mail address: (to be used for future ann	ual report notification)			
For furt	ther information concerning this matter.	please call:			
Maria	Henderson	954 648-6807			
	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			
1NHS18	8 (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.

. Na	me of the limited liability company: Sabal Hill LLC	; 			
			b)		
. , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<i>y</i>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	13218 West Broward Blvd		13218 W	est Broward Blvd	
	Plantation, FL 33325	_	Plantatio	n, FL 33325	
	9/25/15		L1500016	64422	
	Date of filing/registration in Florida	4.		Document number	
(a)	Margaret Nee				
(4)	Registered Agent and Registered Office shown on the records of the	he Florio	la Dept. of State	:	
	Margaret Nee				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	3444 Main Hwy, 2nd Floor			- -	
	Miami . FL	3313	3	. 2	
(b) <u> </u>	Maria Henderson			27	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			·	
	Maria Henderson			· · · · · · · · · · · · · · · · · · ·	
	NEW Registered Office Address:				
	13218 West Broward Blvd				
	Plantation FL_	3332	5		
cha ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	s of th the reg bility of the li	e State of Flo istered office company, it is nited liability	and the business office of the registe hereby confirmed that the change(s) company or as otherwise provided in	
	Kital Garlin		ter Gardne	• •	
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	

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.

Signature of Registered Agent