## 15000195909

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
		,			

ķ

Office Use Only



300285924233

16 MAY 1 9 AM 8: 43

16 MAY 19 AM II: 14

MAY 2 0 2016 Y SULKER CORPORATION SERVICE COMPANY
1201 Hays Street

\_\_ \_\_\_

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	195
	REFERENCE	:	146969	4983A
	AUTHORIZATION	:	Louelle	dena
	COST LIMIT	:	\$ 25.00	
ORDER DATE :	May 18, 2016	<b>-</b>		
ORDER TIME :	10:10 AM			
ORDER NO. :	146969-005	٠		
CUSTOMER NO:	4983A			
	CHANGE OF A	 <u>GEN</u>	 <u>T</u>	
NAME:	SABRA FINANCI	AL,	LLC	

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	SABRA FINANCIAL, LLC				
		Name of L	imited Li	ability Company	
Dear S	ir or Madam:				
The en	closed Registered Agent/Register	ed Office Cha	ange and	fee(s) are submitted for filing.	
Please	return all correspondence concer	ning this matt	er to the I	following:	
Zvi Ba	rzilay				
	Name of Person	)		<del>_</del>	
ZVI BA	ARZILAY REVOCABLE TRUST				
	Firm/Company			_	
2388 (	Old Gate Lane				
	Address				
Palm I	Beach Gardens, Florida 33410				
	City/State and Zip	Code		_	
zvibar	zilay@gmail.com				
Е	-mail address: (to be used for fut	ure annual rep	ort notifi	cation)	
For fur	ther information concerning this	matter, please	call:		
Zvi Ba	rzilay	at (	215	760-2000 (cell phone)	
	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		Reg Div P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Enclosed is a check for the fol	lowing amou	nt:		
	■ \$25 Filing Fee		<b>□</b> \$5	5 Filing Fee & Certified Copy	
INHS18	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.

1.	Na	me of the limited liability company: SABRA FINANCI	IAL, LLC	,				
2	(a)	2388 Old Gate Lane (b) 2388 Old Gate Lane						
\#/ _		Principal office address of limited liability company:	_ (-)		Mailing address of limited lit	ability comp	ariy:	
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST O	FFICE BO.	<b>X</b> )	
		Palm Beach Gardens, FI 33410	_	Palm Bea	ich Gardens, FI 33410	ı <u></u>		-
			_					
		11/24/2015		L1500019	5909			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	Zvi Barzilay	_					
		Registered Agent and Registered Office shown on the records of the	r Florida l	Dept. of State	e E			
		2388 Old Gate Lane						
		D_Oidered Office Address MIST BE FLORIDA STREET AL	DDRESS)					
		Palm Beach Gardens FL	33410					
		Faitt Death Carteris	33410		•	P	16	
	<b>(b)</b>	Corporation Service Company				35.70	MAY	~-3
	(-)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	Le.z.	'	S. Z.	<b>61</b> A	6 mm
						33S		i
		1201 Hays Street				-n	<b>*</b>	ì
		NIEW Registered Office Address:				01 21.8	<del>1</del> .	
						STATE LORID	1	
						2>		
		Tallahassee FL_	32301					
If	the li	mited liability company is not organized under the laws	s of the S	State of Flo	orida, it is hereby confi	rmed that	after	
th	e cha	nge or changes are made, the Florida street address of t	he regist	tered office	e and the business offic	e of the re	gistere	d
W	18/wc	vill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of	the limi	ted liability	y company or as otherw	vise provid	ded in	•
th	arti	cles of organization or the operating agreement of the li	imited li	ability com	pany.	·		
· 	4	ure of a member of authorized representative of a member	Z	<u>vi Barzila</u>				_
,	Signat	ure of a memoer of antionized representative of a memoer		in this many	Printed or typed name of si	_	nish sh	
pr	nerei oviși	by accept the appointmentals registered agent and agreed one of all statutes relative to the proper and complete p	e io aci erforma	nce of my o	hities, and I am familia	ir with an	d acce	e pt
tn to	nere mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided By reflect a change in the registered office address, I he	jor in C. ereby co	napier 003 nfirm that i	, F.S. Or, if this docum the limited liability con	npany has	been	u
no	tified	I'm writing of this change.		Melis	ssa Zender			
Si	gnatu	re of Registered Agent Corporation Service Company	BY:	Asst. V	ice President			
	_	C conformation of the company	•					

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