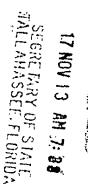
<u> </u>	(Requestor's Name)		
	(Address)		
	7		
	(Address)		
(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL		
	(Business Entity Name)		
···	(Document Number)		
Certified Copies	Certificates of Status		
Special Instructions			
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COVER LETTER

Division of Corporations	
SUBJECT: Sai/Boat Miami,	LLC
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Michael Cotzen, Esq Name of Person	
Cotzen Law Firm/Company	
20700 West Dixie High	hway
Aventura FL 33180 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
Michael Cotzen, Esq a	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 am	ount:
\$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.

1107144.	
1. Name of the limited liability company: 5ai/Book /	riami, LLC
2. (a) Sailboat Miami, LLC	_ (b)
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
18628 5W 50th Gourt	18628 5W 50th Court
Miramar, FZ 33029	Mitamar, FZ 33029
	116000011611
3. Date of filing/registration in Florida	L16000010464
3. Date of filing/registration in Florida	4. Document number
5. (a) Cheema, Balwant	
8. (a) Registered Agent and Registered Office shown on the records of the	e Florida Dept. of State:
18628 5W 50th Court	in a
Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)
1917	
4 ;	N N N
Miramat ,FL	33029 SSN 3 Fran
(b) Michael Cotzen, Esq	Of A TO
Enter name of NEW Registered Agent and/or NEW Registered O	Office address:
20700 West Dixie Highwo NEW Registered Office Address:	<u>ay</u>
	/
Aventura, FL	
,	
Aventura, FL Aventura, FL	33/80
If the limited liability company is not organized under the laws	s of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the	he registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of	
the articles of organization or the operating agreement of the li	
1 1/1	Printed or typed hame of signee
Signature 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	e to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided	erformance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed
provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I he notified in writing of this change	ereby confirm that the limited liability company has been
× 1/40 1/19	
Signature of Registered Agent	