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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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16 SEP 22 PM 2:08  
DIVISION OF CORPORATIONS

O SIMMONS

SEP 23 2016

OBJECT LEGAL INCORPORATED  
5850 GRANITE PARKWAY, SUITE 215  
PLANO TX 75024  
TEL: 844-386-0178  
FAX: 214-317-4754  
EMAIL: krystal@legalinc.com

DOCUMENT FILING REQUEST LETTER

Date Mailed: 9/19/2016

From: Krystal Green-Johnson

To: Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ATTN: Document Filing Division

Name of Company: SAI CREATIVES LLC

Please file the attached formation documents, and return the following:

[ 1 ] Plain Copy of the filed documents

**\*\*Please Fax/Email a copy of the filed documents upon acceptance of filing, if you have any questions on the filing please call me or email me at the number and email listed above\*\***

**PLEASE RETURN FILED DOUCMENTS TO :  
OBJECT LEGAL INCORPORATED  
5850 GRANITE PARKWAY, SUITE 215  
PLANO TX 75024**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAI Creatives LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Luna

Name of Person

Rocket Lawyer

Firm/Company

5850 Granite Parkway, Suite 215

Address

Plano, TX 75024

City/State and Zip Code

saicreativesb3@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Luna

818

967-1467

at ( )

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

**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. Name of the limited liability company: SAI Creatives LLC

2. (a) \_\_\_\_\_ (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)

6796 ROUNDEAF DR

6796 ROUNDEAF DR

JACKSONVILLE, FL 32258

JACKSONVILLE, FL 32258

08/22/2016

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3. \_\_\_\_\_ 4. \_\_\_\_\_  
Date of filing/registration in Florida Document number

5. (a) MANSI GARG

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6796 ROUNDEAF DR

JACKSONVILLE, FL 32258

(b) Legalinc Corporate Services Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

5237 SUMMERLIN COMMONS SUITE 400

NEW Registered Office Address:

FORT MEYERS, FL 33907

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

MANSI GARG

Signature of a member or authorized representative of a member

MANSI GARG

Printed or typed name of signer

*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.*

Nancy Luna

Signature of Registered Agent

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

**FILED**  
16 SEP 22 PM 2:08  
DIVISION OF CORPORATIONS