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(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	
(Bi	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer



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Office Use Only

SAI Creatives LLC 6796 Roundleaf Dr. Jacksonville, FL 32258 Email: <u>saicreativesb3@gmail.com</u> সদক্ষন: এ**৫**৪ 247 6৪০6 REGISTERED AGENT CHANGE REQUEST LETTER

Date Mailed: July 4th 2017

From: Mansi Garg

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

ATTN: Document Filing Division

Name of Company: SAI CREATIVES LLC

Please file the attached registered agent documents, and return the following:

[1] Plain Copy of the filed documents

Documents Enclosed:

- Cover Letter
- Completed & signed Statement of change form
- Filing Fee: \$25; Check # 106

Please 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 DOCUMENTS TO: SAI CREATIVES LLC 6796 ROUNDLEAF DR JACKSONVILLE FL, 32258

COVER LETTER

TO: Registration Section Division of Corporations

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:

Mansi Garg

Name of Person

SAI Creatives LLC

Firm/Company

6796 Roundleaf Dr

Address

Jacksonville, FL 32258

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:

Mansi Garg	908 247-6806
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following a	mount:
S25 Filing 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. N	lame of the limited liability company: SAI Creatives		<u> </u>	
2. (a)	Principal office address of limited liability company:		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6796 Roundleaf Dr		6796 Ro	undleaf Dr
	Jacksonville, FL 32258	_	Jackson	ville, FL 32258
	8/22/2016		L1600015	7162
3.	Date of filing/registration in Florida	- 4.	. <u> </u>	Document number
5. (a	LEGALINC CORPORATE SERVICES INC.			
5. (a	Registered Agent and Registered Office shown on the records of t	the Flor	ida Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET -	DDRE	<u></u>	
	5237 Summerlin Commons, Suite 400			572
	FORT MYERS	3390	7	
(b)	Mansi Garo			
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	address:	
	NEW Registered Office Address:	·		
	6796 Roundleaf Dr.			-*
	Jacksonville FL	3225	8	
the ch agent was/w	limited liability company is not organized under the law tange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liz- vere authorized by an affirmative vote of the members o ticles of organization or the operating agreement of the	the rep ability of the li limited	gistered office company, it is imited liability d liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
<u>. </u>	1 onsi	M	ansi Garg	
-	ature of a member or authorized representative of a member			Printed or typed name of signee
provi: the of to me.	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete sligations of my position as registered agent as provided rely reflect a change in the registered office address. If ed in writing of this change.	ee to c perfor d for in hereby	ict in this capa mance of my a Chapter 605 confirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been

Mensi

Signature of Registered Agent

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