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(Address)								
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COVER LETTER

TO:

Registration Section

Divi	ision of Corporations								
SUBJECT:	Sahara Entertainment LLC								
SOBSECT.	Name of Limited Liability Company								
Dear Sir or l	Madam;								
The encloses	d Registered Agent/Registered Offi	ce Change an	d fee(s) are submitted for filing.						
Please return	n all correspondence concerning thi	s matter to the	e following:						
Rosanna I	Fontana								
	Name of Person	 -							
	Firm/Company								
8751 Com	nmodity Circle, Suite 7								
	Address								
Orlando, F	Florida 32819								
	City/State and Zip Code								
saharaent	ertainmentorlando@gmail.co	m							
E-mail	address: (to be used for future ann	ual report not	ification)						
For further i	nformation concerning this matter.	please call:							
Rosanna (Barsati	407 at (, 990-6226						
	Name of Person	··· (Area Code & Daytime Telephone Number						
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enc	losed is a check for the following	amount:							
2 S	25 Filing Fee	D 9	555 Filing Fee & Certified Copy						
INHS18 (2/1-	4)								

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Parsuant 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.

l.	No	ume of the limited liability company: Sah	ara Entertai	nmen	t LLC				
2.	(a)	8751 Commodity Circle, Suite 7		(b)	8751 0	Commodity C	ircle, Sui	te 7	
	()	Principal office address of limited liability of (Note: MUST BE STREET ADDRE		(0)		Mailing address of (Note: MAY I			
		Orlando, Florida 32819 Orlando				, Florida 32819			
		02/05/2019		Į	_190000	035955			
3.		Date of filing/registration in Flori	ida	4.		Document nu	ımber	•	
5.	(a)	Rosanna E. Barsati							
	()	Registered Agent and Registered Office shown on t	he records of the	Florida	Dept. of St	ate:			
		8751 Commodity Circle,					ES.		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					7.63	19 J	
		Suite 7					=====================================	31 JUL 15	T
		Orlando	, FL 32	2819		_	SSE		TED
	(b)	Rosanna E. Fontana			<u></u>		AHASSEE FLOR	PH 2:	D
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Of	fice add	ress:		**************************************	وي	
		NEW Registered Office Address:		-		-			
			FI						
the age	e cha ent v is/we	imited liability company is not organized usinge or changes are made, the Florida street will be identical. Or, in the case of a Floridate authorized by an affirmative vote of the clessof organization or the operating agree	nder the laws of the address of the a limited liabi members of the lin	of the e regis lity co: he limi	State of Face of Face of State of Face of State of State of Face of State o	Florida, it is here ce and the busing is hereby confiintly company or ompany.	ness office irmed that (as otherwi	of the the cha se pro	registered
_	Signat	ture of a member or authorized representative of a me			بدور	anna 7 Printed or types	d name of sig	nee .	
pre the to	ovisi e obl merc	by accept the appointment as registered ag ons of all statutes relative to the proper an igations of my position as registered agent ely reflect a change in the registered office d'in riting of this change.	ent and agree d complete pe as provided fo address, I her	to act rforma or in C reby co	in this ca	macine I furthe	r doraz to	count	v with the and accept being filed as been

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

Signature of Registered Agent

1. 1. 1. 1.