## L19000 154 506

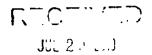
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

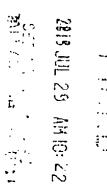
Office Use Only



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## **COVER LETTER**

TO:

INHS18 (2/14)

	Legistration Section Division of Corporations						
SUBJEC	SABBEN, LLC						
	Name of Limited Liability Company						
Dear Sir	or Madam:						
The enclo	osed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.				
Please re	turn all correspondence concerning th	is matter to th	e following:				
Benjam	in Farajallah						
	Name of Person	<del> · · · · · · · · · · · · · · · · · </del>					
	Firm/Company						
3341 To	orre Blvd						
	Address						
New Sr	myrna Beach, FL 32168						
	City/State and Zip Code						
sabraf6	73@gmail.com						
E-n	nail address: (to be used for future and	mal report no	ification)				
For furth	er information concerning this matter,	please call;					
Benjam	in Farajallah	386	473-9174				
	Name of Person		Area Code & Daytime Telephone Number				
i 1 (	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	} ] ]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314				
ì	Enclosed is a check for the following	g amount:					
í	<b>2</b> \$25 Filing Fee	2	\$55 Filing Fee & Certified Copy				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State & Florida.

1. Name of the limited liability company: SABBEN, LLC

2. (a)	2416 KEY AVENUE		(b) 2416 KEY AVENUE		
. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		· ———	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	SANFORD, FL 32771		SANFOR	RD, FL 32771	
	06/11/2019		L1900015	54506	
3. (a) (b)	Date of filing/registration in Florida Jennifer Jacobs	4.		Document number	
	Registered Agent and Registered Office shown on the records 2416 KEY AVENUE			- ::	
	Registered Office Address (MUST BE FLORIDA STREE	<u>T ADDRES</u>	<u>SS)</u>		
	SANFORD, FL	FL_3277	1		
	Benjamin Farajallah			2315 JUL 29 AK 10: 22	
	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:		
	3341 Torre Blvd				
	NEW Registered Office Address:			22	
	New Smyrna Beach	<sub>FL</sub> 32168	3		
the changent was/w was/w the art Signa I here provise the ob- to metifie	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited cre authorized by an affirmative vote of the member icles of organization or the operating agreement of the accept the appointment as registered agent and cions of all statutes relative to the proper and completely reflect a change in the registered agent as proving the proper and completely reflect a change in the registered office address and in writing of this change.	of the reg I liability is of the li the limited	gistered office company, it is mited liability con liability con	e and the business office of the register is hereby confirmed that the change(s) by company or as otherwise provided in apany.  Printed or typed name of signee  activ. I further garee to comply with the	
	Division of Corporations • P.C	D. Box 63:	27• Tallahas	ssee, FL 32314	