

L19 000 154 741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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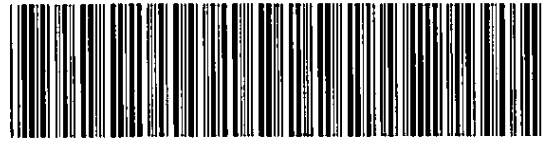
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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JG 10/19/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sageview Partners, 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:

Sharon Feldman  
Name of Person

Sageview Partners, LLC  
Firm/Company

P.O.Box 610074  
Address

North Miami, Florida 33261  
City/State and Zip Code

sharonfeldman@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Feldman at (305) 7981770  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Sageview Partners, LLC

2. (a) Sageview Partners, LLC (b) Sageview Partners, LLC

Principal office address of limited liability company:  
**(Note: MUST BE STREET ADDRESS)**  
3900 Island Blvd. #306  
Aventura, Florida 33160

Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**  
P.O.Box 610074  
North Miami, FL 33261-0074

06/20/2019

1.19000154741

3. 06/20/2019 Date of filing/registration in Florida

4. 1.19000154741 Document number

5. (a) Gary P Simon  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Gary P Simon  
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
9500 So. Dadeland Blvd. Suite 708  
Miami, FL 33156-2849

(b) Sharon Feldman  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Sharon Feldman  
**NEW Registered Office Address:**  
3900 Island Blvd. #306  
Aventura, FL 33160

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.

Sharon Feldman  
Signature of a member or authorized representative of a member

Sharon Feldman  
Printed or typed name of signee

*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.*

Sharon Feldman  
Signature of Registered Agent