

L19000258604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

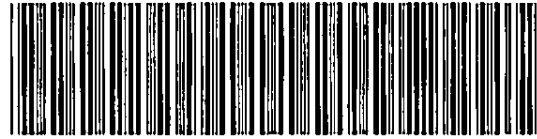
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2020 MAR 11 AM 9:28

SD

C. GOLDEN

MAR 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S A P, 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:

SHERRY A. PETTY

Name of Person

Firm/Company

910 CAROLINA AVE.

Address

LYNN HAVEN, FL 32444

City/State and Zip Code

SHERRYPETTY812@GMAIL.COM

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

For further information concerning this matter, please call:

JIMMY PETTY

850 814-9944
at ()

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

INHS18 (2/14)

RECEIVED
JAN 21 2020



2020 MAR -9 AM 11:39

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2020

SHERRY A PETTY
910 CAROLINA AVENUE
LYNN HAVEN, FL 32444

SUBJECT: S A P, LLC
Ref. Number: L19000258604

We have received your document for S A P, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 420A00003582

**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: S A P, LLC

2. (a) 910 CAROLINA AVE. LYNN HVEN. FL 32444 (b) SAME

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

10/15/2019

L19000258604

3. Date of filing/registration in Florida

4. Document number

5. (a) JIMMY R PETTY JR.

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

910 CAROLINA AVE.,

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

LYNN HAVEN, FL 32444

(b) SHERRY A PETTY

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

NEW Registered Office Address:

910 CAROLINA AVE.

LYNN HAVEN FL 32444

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.

SHERRY A PETTY

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

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

2020 OCT 11 AM 9:28