L21 0000 30857

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer;		
į		

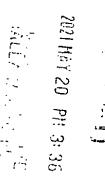
Office Use Only



400363421824

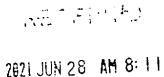
RECEIVED
MAY 0 3 2021

05/04/21--01003--003 **35.00



D. BRUCE





FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2021

DWIGHT SIDBERRY 930 LORD NELSON BLVD JACKSONVILLE, FL 32218

SUBJECT: SADAYA EXPRESS LLC

Ref. Number: L21000030857

We have received your document for SADAYA EXPRESS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 621A00013388

2021 MAY 20 PH 3: 36

COVER LETTER

TO: Registration Section Division of Corporations		
subject: <u>Sadaya Exp</u>	Name of Limited Liability Company	_
·	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernir	ng this matter to the following:	
Dwight Sidberry Name of Person		
Sadaya Express LLC Firm/Company		
930 Lord Nelson Blug Address	 	21
Address	A A	9211
Tacksonville E1 32218	it die der der der der der der der der der de	
Jacksonville F1 32218 City/State and Zip Co	ode iż	0
Sadaya express @ amail. com E-mal address: (to bo used for future	e annual report notification)	2021 MAY 20 PH 3: 36
For further information concerning this ma		6
Dwight Sidberry	at (904) 229-749)	_
Name of Person	Area Code & Daytime Telephone Numb	er
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the follow	wing amount:	
☐ \$25 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.

. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	30 LOID Welson Blid Jacksonville F1 322 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Date of filing/registration in Florida 4.	L21000030857 Document number
(a)	United States Curpuration Ayents Inc. Registered Agent and Registered Office shown on the records of the Florida Dep	ot. of State:
	SS75 S. Scmoran Blvg Suite 36 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<u> </u>
(b)	DNIGHT SIDERY Enter name of NEW Registered Agent and/or NEW Registered Office address 930 Lord Nelson Blod NEW Registered Office Address:	2021 HAY 20 PH 3: 36
	Jacksonville , FL 32218	
nange gent w as/we e arti	mited liability company is not organized under the laws of the Stat or changes are made, the Florida street address of the registered of vill be identical. Or, in the case of a Florida limited liability compa are authorized by an affirmative vote of the members of the limited cles of organization or the operating agreement of the limited liabil	ffice and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
heret rovisio e obli mere	ure of member or authorized representative of a member by accept the appointment as registered agent and agree to act in the ons of all statutes relative to the proper and complete performance igations of my position as registered agent as provided for in Chap ly reflect a change in the registered office address, I hereby confirm writing of this change.	his capacity. I further agree to comply with the