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COVER LETTER

TO: **Registration Section Division of Corporations**

SA Services LLC Name of Limited Liability Company SUBJECT:

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:

ristolins, Hoderson

Firm/Company

Marcys Lane

4. F/, 32305 City/State and Zip Code

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

at í

For further information concerning this matter, please call:

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Enclosed is a check for the following amount:

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

Street Address:

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.

I. Na	ame of the limited liability company: <u>KSA</u>	Services	LLC		
2. (a)	529 Marcys Lane Principal office address of timited liability company: (Note: MUST BE STREET ADDRESS)		Marcys ling address of fimited Note: MAY BE POST	d liability compan	•
	529 Marcys Lane TLH. Fl. 32305	<u>52</u> <u></u>	9 Marc F1. 32	y's 41. 305	<u>re</u>
3. 5. (a)	<u>65/03/202-//</u> Date of filing/registration/in Florida <u>Defections</u> Registered Agent and Registered Office shown on the records of the	Corp Sola	cument number		
(b)	Registered Office Address <u>(MUST BE FLORIDA STREETA</u> <u>3440 W. Holly wood</u> <u>Holly wood</u> . FL <u>Kristopher</u> <u>Andre</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> <u>529 Marcys (Gne</u>	<u>BIND. SUI</u> <u>3302</u> 1 -SON	e 415	2021 AUG - 1, AM 10: 22	
If the	<u>NEW</u> Registered Office Address: <u>TGIIGLASSE</u> , FL imited liability company is not organized under the law:			nfirmed that af	ier the
change agent v was/w the art Signa	e or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li ture of a member or authorized representative of a member by accent the appointment as registered agent and agree	registered office and the bility company, it is he ithe limited liability compari- imited liability compari- $K_{C} i \leq F_{C}$ Pri- e to act in this capacit	the business office ereby confirmed the ompany or as othe ny. <u>op Ly - A</u> inted or typed name of the <i>L further agree</i>	of the register hat the changer erwise provide <u>A Pr 50</u> of signee	th the
the obl to mer	ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I he	for in Chapter 605, F. ereby confirm that the	S. Or, if this doci limited liability c	ument is being ompany has be	filed een

notified in writing of this charge. Signature of Registered Agent 4

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Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314 ETTINC FEEL COS AA