

121 000 299430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

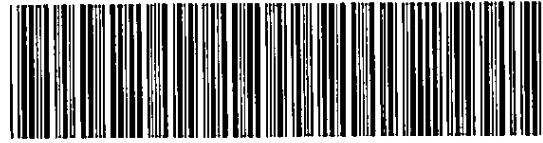
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAW HAWGS, 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:

LUCAS CLARK
Name of Person

SAW HAWGS, LLC
Firm/Company

983 NW Spruce Ridge #5
Address

STUART, Florida, 34994
City/State and Zip Code

LCLARK0904@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUCAS CLARK at (772) 333-4286
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: Saw Hawks LLC
2. (a) 983 NW Spruce Ridge #5 Stuart, FL (b) 983 NW Spruce Ridge #5 Stuart, FL
 Principal office address of limited liability company: 34994 Mailing address of limited liability company: 34994
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 06/29/21 Date of filing/registration in Florida 4. L21800299430 Document number

5. (a) United States Corporation Inc.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 S. Semoran Blvd 36
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Orlando
FL 32822

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 TALLAHASSEE, FL

- (b) Lucas Clark
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
983 NW Spruce Ridge #5
Stuart
FL 34994

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.

Lucas Clark
 Signature of a member or authorized representative of a member

LUCAS CLARK
 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.

Lucas Clark
 Signature of Registered Agent