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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE SAPPIR LLC

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HelpEMIEUX MAY - 9 2022

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.

Name of the limited liability company:	SAPPIR LLC	
(a)	(b)	
Principal office address of limited liab (Note: MUST BE STREET AI	bility company: Mailing address of limited liability co	• •
7901 4th St N STE 300	7901 4th St N STE 300	
St. Petersburg FL 33702	St. Petersburg FL 33702	
09/13/21	L21000404888	
Date of filing/registration in	Florida 4. Document number	
(II) YVONNE ARIAS CALDAR	RERA	
(a)	n on the records of the Florida Dept. of State:	
10825 NW 29TH MNR #7		
Registered Office Address (MUST BE FL	ORIDA STREET ADDRESS)	
SUNRISE	, _{FL} 33322	
(b) Northwest Registered	d Agent LLC	
Enter name of NEW Registered Agent and/o	or NEW Registered Office address:	
7901 4th St N	SA S	20
NEW Registered Office Address:		93 Fr
STE 300	St JET THAT - E	
St. Petersburg	SEE 6 FL 33702 FE	, (.
e change or changes are made, the Florida a ent will be identical. Or, in the case of a F as/were authorized by an affirmative vote of a articles of organization or the operating a	zed under the laws of the State of Florida, it is hereby entirmed the street address of the registered office and the business office of the florida limited liability company, it is hereby confirmed that the chof the members of the limited liability company or as otherwise progreement of the limited liability company. Morgan Noble	e registe iange(s)
Signature of a member or authorized representative of	of a member Printed or typed name of signee	
hereby accept the appointment as revistere	ed agent and agree to act in this capacity. I further agree to comp er and complete performance of my duties, and I am familiar with agent as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability company	dy with and ac- being fi has bee

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

Tom Glover - Assistant Secretary

led in writing of this change.

Signature of Registered Agent