672000044405

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Éntity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



100399481031

2023 JAN 25 AH 9: 11



January 26, 2023

CSC

ATTENTION: EYLIENA BAKER

SUBJECT: SABIA BEACH HOUSE LLC

Ref. Number: L22000041408

RESUBMIT

Please give original submission date as file date.

We have received your document for SABIA BEACH HOUSE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 123A00001907

2023 FEB -8 PM 3: 3

FORIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 409864 7100061

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: January 25, 2023

ORDER TIME : 11:55 AM

ORDER NO. : 409364-010

CUSTOMER NO: 7100061

CHANGE OF AGENT

NAME: SABIA BEACH HOUSE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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. N	ame of the limited liability company: SABIA BEACH	HOUSE	ELLC				
2. (a)		1	(b)				
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of lim (Note: MAY BE Pe	nited liability	compan	•
	7901 4TH ST N, STE 300		7901 4T	H ST N, STE 300			
	ST. PETERSBURG, FL 33702		ST. PET	ERSBURG, FL 337	702		
	01/21/2022		L2200004	11408			
3.	Date of filing/registration in Florida	- 4.		Document numbe	r		
5. (a)							
J. (u)	Registered Agent and Registered Office shown on the records of	f the Florid	da Dept. of Sta	nte:			
	NORTHWEST REGISTERED AGENT LLC						
	Registered Office Address IMUST BE FLORIDA STREET	ADDRES	<u>(S)</u>				
	7901 4TH ST N, STE 300						
	ST. PETERSBURG	33702	<u> </u>	_			
		<u> </u>				20	
(b)				_	-	ر 33	*****
	Enter name of NEW Registered Agent and/or NEW Registered	d Office ac	<u>ddress</u> :		<u> </u>	2023 JAN 2	"Ąr
	Corporation Service Company				FASS	S	
	NEW Registered Office Address:			_	SPC Pro Pro-	AH	÷ ()
	1201 Hays Street			_		<u>9</u>	U
	Tallahassee	32301			rn:	_	
			 -	_			
change	mited liability company is not organized under the law or changes are made, the Florida street address of the	register	ed office an	d the business offic	e of the reg	gistere	d
was/we	vill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of	of the lim	nited liabilit	y company or as otl	that the cha herwise pro	ange(s)vided	in
the artic	cles of organization or the operating agreement of the	limited I	liability con	npany.	•		
Signat	ure of a member or authorized representative of a member	Bro	ok Sabia, a:			_	
	•	100 10 001	in this som	Printed or typed name	·		-1
provisio he obli o mere	y accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have been also change in writing of this change.	ee 10 act perform I for in C tereby co	in this cape ance of my o Chapter 605 Onfirm that i	acity. I further agreduties, and I am fan F.S. Or, if this do the limited liability	ee to complinitiar with incument is becomeny his	y with and ac eing f as bee	the cept filed n
Signan-	Assistant Vice President						
Signatur	e of Registered Agent						

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