L23000372740

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						
12·16·24						

Office Use Only



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2024-DEC 16 PH Z: UU SECRETARY OF STATE TALL AHASSEF FI

₩ DEC 16 PH 2:0

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Saraoga Ten 2023 LLC	
Name	of Corporation	
DOCU	JMENT NUMBER: L23000372240	<u> </u>
The er	iclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
Belind	a Thomas	
Name	of Contact Person	
STGP	LLC	
Firm/C	Company	
94 Gill	pert Rd	
Addre	ss	 _
Sarato	ga Springs NY 12866	
City/S	tate and Zip Code	
	rmalatino3@gmail.com	
E-mai	l address: (to be used for future annu	al report notification)
For fu	rther information concerning this matter,	, please call:
Belind	a Thomas	at (802)4309959 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to th	The Department of State. Street Address:
	Mailing Address: Amendment Section	Street Address: 75 8
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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.

		SARATIG	-A TEN JUS	13 LLC
	he limited liability company:	2		
	35 N. Wh. H.		S 1-1, 17 E Mailing address of lim	ited liability company:
P	Principal office address of limited liabili (Note: MUST BE STREET ADD	ity company: P <u>RESS</u>)	(Note: MAY BE PO	
	Louisville K			
<u></u>		<u> </u>		
<u>.,</u>				
	8/11/23		L 23000	372240
3.	Date of filing/registration in Flo	orida 4.	Document number	
•	RUSIN MIHUAT	_		
5. (a) Registere	ed Agent and Registered Office shown o	on the records of the Florida Dept	, of State:	
	17786 Deans	ille CANE		
Register	red Office Address (MUST BE FLOI	RIDA STREET ADDRESS)		
<i>f</i> -	OCCH ENTEM			7.0 S
			<u>7k</u>	FILLAH
	OF IL			
(b)	RENEFONZI une of NEW Registered Agent and/or N	EW Registered Office address:		الان الاستان المساحم وا
Enter na	une of NEW Registered Agent and/or N	0 00	· 1 41	PH 2: 00
	402 ATA:	Timmy Boliel	/blooded at 1100	Z: 0
NEW R	Registered Office Address:	i Fi	22927	(E 0
	Satellite Da	24CH /1L -) <u> </u>	
		FI.		
<u></u>				irmed that after the
- skange or char	hability company is not organized nges are made, the Florida street a		 is in hazabu confirmed th: 	at the changets)
agent will be in	dentical. Or, in the case of a rior	a members of the limited li	ability company or as other	wise provided in
the articles)of	organization or the operating agre-	cificin of the many		
Significant 21	member or authorized representative of a	member	Printed or typed name of	
I hereby accep	pt the appointment as registered a	gent and agree to act in this	capacity. I further agree to my duties, and I am Jamilia	o comply with the ar with and accept
provisions of a	pt the appointment as registered a all statutes relative to the proper a s of my position as registered agen ect a change in the registered offic- tion of this change.	nt as provided for in Chapter e address, I hereby confirm	r 605, F.S. Or, if this docu that the limited liability con	nent is being filed npany has been
11//1/1/10/64 (// 19/3	TELEFORM CONTRACTOR CO			
Signature of Reg	istered Agent			
1	Division of Corporat			