mo20000015709

(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:				

Office Use Only

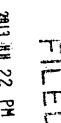


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SECRETARY OF STATE
TALL AHASSES, FLORIDA

JUL 23 ZO13 T CLINE





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013

Order#: 714327-284

Re: SA-PG - OCALA LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

2013 JUL 22 PM 1:52 SECRETARY OF STATE TAULAHASSEE, FLORID

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. 1	Var	me of the limited liability company: SA-PG-OCALA L	LC	
2. (a)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	4 Red Oak Lane, Suite 201 White Plains, NY 10604	
((b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4 Red Oak Lane, Suite 201 White Plains, NY 10604	
06/	18/2	2002	M02000001569	
			4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the			ne records of the Florida Depty of	ate:
		Registered Agent:	Capitol Corporate Services The	• .
		Registered Office Address:	155 Office Plaza Dr., Suite A	, Ti
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 5				л
		NEW Registered Agent:	Corporation Service Company	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
		(MCST BE TECKID/ISTREET (IDDRESS)	Tallahassee ,FL 33	2301
con and liab the the	firn the ilit me ope	limited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the registered cal. Or, in the case of a Florida limi was/were authorized by an affirmati	office ted ve vote of
Prin	ted	Priebe, Authorized Person or typed name of signee	-	
Sign	iatu	by accept the appointment as registered agent and a y with the provisions of all statules relative to the pro am familiar with and accept the obligations of my po. er 608, F.S. Or, if this document is being filed to men ss, I hereby confirm that the limited liability company oration Scryice Company te of Registered Agent	gree to act in this capacity. I further per and complete performance of m ition as registered agent as provide ely reflect a change in the registere has been notified in writing of this	· agree to y duties, d for in d office chänge.
El	ıza	beth A. Dawson, Asst. Vice President		

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

INHS18 (05/08)