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SECRETARY OF STATE
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J. ERYAN DEC 21 2009 EXAMINER



Statement of Change of Registered Office or Registered Agent or Both for Limited **Liability Company**

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

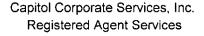
DATE: STATE:

12/14/2009 FLORIDA

REP UNIT:

SA-PG - LARGO LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #18524 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.





COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	TECT: SA-PG - JACKSON (Name o	VILLE LLC of Limited Liability Company)	·				
Dear :	Sir or Madam:						
The e	nclosed Registered Agent/Registered C	office Change and fee(s) are submitted for filing.					
Please	e return all correspondence concerning	this matter to the following:					
	Myra Homer		≅s	6			
	(Name of Person)		ECR.	90	****		
, .	Capitol Corporate Services (Firm/Company)	s, Inc.	ETARY O	EC 18 P	FILED	in the second se	
	800 Brazos, Suite 40	0	NOS.	H 12: 4	D	The state of the s	
	(лишевз)						
	Austin, TX 78701						
	(City/State and Zip Code)						
For fu	rther information concerning this matte	er, please call:					
	Myra Homer	at (800) 345 - 4647					
	(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 followin	g amount:					
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy					

INHS18 (5/08)

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.

in the state of Florida.					
1. Name of the limited liability company: SA-PG -	JACKSONVILLE LLC				
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 4 WEST RED OAK LN 201 WHITE PLAINS NY 10604				
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4 WEST RED OAK LN 201 WHITE PLAINS NY 10604				
6/18/2002	M02000001571 4. Document number				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on					
Registered Agent:	REBAK, P.A., JOSEPH L				
Registered Office Address:	TEW CARDENAS, 1441 BRICKELL AVENUE 15TH FLOOR MIAMI FL 33131 US				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:				
NEW Registered Agent:	Capitol Corporate Services, Inc.				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Dr. STE A Tallahassee,FL 32301				
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company. (Signature of a member or authorized representative of a member)	laws of the State of Florida, it is hereby confirmed et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the				
Mrtchall Staver, Manager (Printed or typed name of signee)	_				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified					
(Signature of Registered Agent) Delanie Case, Ass	st. Sec.				

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