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(Re	equestor's Name)					
(Address)						
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PICK-UP	☐ WAIT	MAIL.				
(Business Entity Name)						
(Document Number)						
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B. BOSTICK JUL 23 2013 **EXAMINER**



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#: 714327-274

Re: SA-PG-CLEARWATER 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

2813 JUL 22 AH II: 51

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.

(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) M02000001573 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Flore Registered Agent: Registered Agent: Registered Office Address: Registered Office Address: Capitol Corporate Screen Service NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: (Corporation Service Tallahassee) If the limited liability company is not organized under the laws of the State of Florida street address and the business office of the registered agent will be identical. Or, in the case liability company, it is hereby confirmed that the change(s) was/were authorize the members of the limited liability company or as otherwise provided in the arther operating agreement of the limited liability company. Signaluse of a member or authorized representative of a member Dona Priebe, Authorized Person Printed or typed name of signee	1.	Nar	ne of the limited liability company: SA-PG-CLEAR	RWATER LLC			
(Note: MAY BE POST OFFICE BOX) White Plains, NY 10 06/18/2002 3. Date of filing/registration in Florida 4. Document numb 5. (a) Registered Agent and Registered Office shown on the records of the Florida Registered Agent: Registered Office Address: Capitol Corporate Screen Tallahassee, FL 323 (b) Enter name of NEW Registered Agent and/or NEW Registered Office NEW Registered Agent: Corporation Service NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of F confirmed that after the change or changes are made, the Florida street address and the business office of the registered agent will be identical. Or, in the case liability company, it is hereby confirmed that the change(s) was/were authorize the members of the limited liability company or as otherwise provided in the artheoperating agreement of the limited liability company. Signaluse of a member or authorized representative of a member Dona Priebe, Authorized Person Printed or typed name of signee	2.	(a)					
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Printed or typed name of signee	cor and lial the the	nfirr d the bilit e me e ope	med that after the change or changes are made, the business office of the registered agent will be iderly company, it is hereby confirmed that the change mbers of the limited liability company or as otherwerating agreement of the limited liability company.	Florida street address of to tical. Or, in the case of a	the registere a Florida lir	ed officented	
comply with the provisions of all statutes relative to the proper and complete p	Pri	nted	or typed name of signee		ait. I Gustle		
I hereby accept the appointment as registered agent and agree to act in this comply with the provisions of all statutes relative to the proper and complete p and I am familiar with and accept the obligations of my position as registered Chapter 608, F.S. Or, if this document is being filed to merely reflect a change address, I hereby confirm that the limited liability company has been notified in Corporation Service Company By: Lasta Agent Signature of Registered Agent Elizabeth A. Dawson, Asst. Vice President	Sig	y . znatui	re of Registered Agent	agree to act in this capal proper and complete perfo proper as registered age serely reflect a change in ny has been notified in w	city. I furth ormance of ont as provid the register riting of thi.	er agre my duti led for red offic s chang	ee to ies, in ce ge.

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

FILING FEE: \$25.00