M02000001574

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
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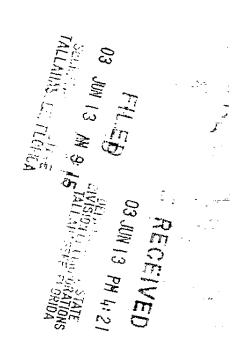
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06/13/03--01045--010 **350.00

BK



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. The name of the limited liab	oility company is: _	SA-PG-	VERO BEACH LLC	·
2. The mailing address of the l				
50 Main Street, White Plain				
06/18/2002			M02000001574	
3. Date of filing/registration in	Florida	"	4. Document numb	er
5. The name of the registered a Florida Department of State:	gent and the registe : AI Services, Inc	ered office	address as shown on	the tecorosof the
526	3 E. Park Avenue	Name		3 1
Taí	lahassee, FL 323	ddress 01 tate and Z	ip	FLORM 9
6. The name and address of the	e new registered age	nt and/or	office:	द्विता ज
A. 1	Kenneth Levine			
101	N. Monroe Stree	ame t, Suite 7	25	
Flo	orida street address (P.O. Box	NOT acceptable)	~· ~
Tall	ahassee	FL 323	01	
	City, Sta	ite and Zip)	
If the limited liability company confirmed that after the change and the business office of the reliability company, it is bereby the members of the limited liab the operating agreement of the	e or changes are made egistered agent will confirmed that the collity company or as limited liability con	de, the Flo be identic hange(s) v otherwise npany.	rida street address of al. Or, in the case of vas/were authorized l	the registered office a Florida limited by an affirmative vote of
(Signature of a member or authorized rep	presentative of a member)			
Maxwell Stolzberg (Printed or typed name of signee)			e seeks	•
I hereby accept the appointme comply with the provisions of and I am familiar with and acc Chapter 608, F.S. Or, if this daddress, I hereby confirm that	nt as registered age all statules relative t ept the obligations ocument is being fil the limited liability	ent and agree to the property of my position of the property o	ree to act in this capa er and complete per tion as registeed as ely reflect a change u has been notified in v	icity. I further agree to formance of my duties, ent as provided for the the registered office vriting of this change.
	(Corporations, P.O.	. Box 632	7, Tallahassee, FL 3	32314

FILING FEE: \$25.00

INHS18(10/99)