M02000001578

Office Use Only



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07/22/13--01023--015 **25.00

13 JUL 22 AM ID: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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#: 714327-276

Re: SA-PG - GAINESVILE 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

13 JUL 22 AM IO: 33
SECRE LARY OF STATE
TALLAHASSEE, FLORIDA

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. Name of the limited liability company: SA-PG-GAIN	NESVILLE LLC	 		
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	oany: <u>4 Red Oak Lane, Suite</u> White Plains, NY 10604	201		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4 Red Oak Lane, Suite 201 White Plains, NY 10604			
06/18/2002	M02000001578			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown	on the records of the Florid	la Dept. of Sta	ıte:	
Registered Agent:	Capitol Corporate Servi	Capitol Corporate Services, Inc.		
Registered Office Address:	155 Office Plaza Dr., Su Tallahassee, FL 32301	A SE JU	ipatetti.	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u>	NEW Registered Office ac	—— 07- 5 10	entratur Historia entratur	
NEW Registered Agent:	Corporation Service Co	mpany ===	m	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	STATE	E STORY	
	Tallahassee	⊃ ri > ,FL32	301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be included its business of the limited liability company or as othe the members of the limited liability company or as othe the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of t lentical. Or, in the case of a e(s) was/were authorized by rwise provided in the article	he registered of the registere	office ted ve vote of	
Dona Priebe, Authorized Person Printed or typed name of signee				
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capace proper and complete perfo position as registered age merely reflect a change in pany has been notified in wi	city. I further ormance of my nt as provided the registerea riting of this c	agree to duties, l for in l office hange.	

Signature of Registered Agent
Elizabeth A. Dawson, Asst. Vice President

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

FILING FEE: \$25.00

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