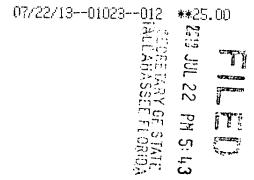
Moderation 1580

(Re	questor's Name)	,	
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
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[JUL 23 2013 D. BRUCE



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#: 714327-282

Re: SA-PG - NORTH MIAMI 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

MILLAHASSEE FLORIDI MILLAHASSEE FLORIDI MILLAHASSEE FLORIDI

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. Nai	me of the limited liability company: SA-PG - NORTH	MIAMI LLC			
2. (a)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	al office address of limited liability company: 4 Red Oak Lane, Suite 201 MUST BE STREET ADDRESS) 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/		M02000001580			
3. Dat	te of filing/registration in Florida	4. Document number			
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida Dep	t. of S	tate:	
	Registered Agent:	Capitol Corporate Services, Inc.	C		
Registered Office Address:	Registered Office Address:	155 Office Plaza Dr., Suite A		60	
		Tallahassee, FL 32301	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25.5	
(L)	Enter name of NEW Desistand Agent and/or NEW	V Domintowed Office address		שוור 2	CORE.
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEY</u>	W Registered Office address	× 55.5	22	
	<u>NEW</u> Registered Agent:	Corporation Service Company	<u> </u>		FT
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	1807 121.5	÷.	i same
	(MOST DE L'EORIDA STREET ADDRESS)	Tallahassee	;FL_3	2 3 01	
confirmand the liability the metal the op-	limited liability company is not organized under the lend 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 reg	isterec	offic	
Printed	Priebe, Authorized Person or typed name of signee	_			
Signatu	by accept the appointment as registered agent and a y with the provisions of all statules relative to the proam familiar with and accept the obligations of my power obs. F.S. Or, if this document is being filed to meass. I hereby confirm that the limited liability company or the company of	gree to act in this capacity. I sper and complete performan sition as registered agent as p rely reflect a change in the re has been notified in writing	furthe ce of n rovide gistere of this	r agre ny dut ed for ed offi chan	ee to ies, in ice ge.

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