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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#: 714327-301

Re: SA-PG - WINTERHAVEN 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

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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 - WIN	NTERHAVEN LLC	
2. (a) Principal office address of limited liability comp (<i>Note: MUST BE STREET ADDRESS</i>)	oany: 4 Red Oak Lane, Suite 20 White Plains, NY 10604	1
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4 Red Oak Lane, Suite 20 White Plains, NY 10604	1 (A)
06/18/2002	M02000001583	
3. Date of filing/registration in Florida	4. Document number	D- N FI
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dept. of State:
Registered Agent:	Capitol Corporate Service	s, Inc.
Registered Office Address:	155 Office Plaza Dr., Suite Tallahassee, FL 32301	e A
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> <u>NEW Registered Agent</u> : <u>Corporation Ser</u>		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
1,1202 22 22 22 22 22 22 22 22 22 22 22 22	Tallahassee	,FL 32301
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability compans the operating agreement of the limited liability compans the operating agreement of the limited liability compansation.	te Florida street address of the dentical. Or, in the case of a F ge(s) was/were authorized by a erwise provided in the articles	e registered office Florida limited an affirmative vote of
Dona Priebe, Authorized Person Printed or typed name of signce	.	
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 me Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability company By: Under A Jan	nd agree to act in this capacit e proper and complete perfort y position as registere d'agent o merely reflect a change in th pany has been notified in writ	y. I further agree to mance of my duties, as provided for in e registered office ting of this change.
0' (00		

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

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