MOG-00000 7067

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	e #)		
_	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
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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#: 714327-256

Re: SA-ENC OPERATOR HOLDINGS, 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.

OUCA.XCOA

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. Na	me of the limited liability company: SA-ENC OPERA	TOR HOLDINGS, LLC			
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 4 Red Oak Lane, Suite 201 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			
12/20		M06000007067			
3. Da	ate of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dep	pt. of Sta	ite:	
	Registered Agent:	Capitol Corporate Services, In	IC.		
	Registered Office Address:	155 Office Plaza Dr., Suite A	·		
		Tallahassee, FL 32301		<u> </u>	
					T
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office addres	$\mathbf{S}(\cap^{\mathbf{L}},-1)$	L 22	* Menso
	NEW Registered Agent:	Corporation Service Company	<u> </u>	<u> </u>	<u> </u>
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	<u> 유턴 (</u>	는 건	11.11
	1	Tallahassee	<u>~</u> ,FL <u>32</u>	:301	
confinand the liabilithe methe of	limited liability company is not organized under the larmed that after the change or changes are made, the Flane business office of the registered agent will be ident ity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise perating agreement of the limited liability company.	orida street address of the regical. Or, in the case of a Flor	gistered	office ted	
	Priebe, Authorized Person I or typed name of signee	_			
Signat	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the proam familiar with and accept the obligations of my poter 608, F.S. Or, if this document is being filed to me ter 608, if the limited liability company or the company of the limited liability company that liability company the limited liability company that liability company the limited liability company the limited liability company that liability company the limited liability company the limited liability company that liability company the limited liability co	gree to act in this capacity. If per and complete performan sition as registered agent as rely reflect a change in the re has been notified in writing	I further ice of my provided ggistered of this c	agree dutie for i loffic chang	e to es, in re re.

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