## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000174322 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE SAQ GULF HOLDINGS, LLC

Certificate of Status	0 *
Certified Copy	0 ,
Page Count	03
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Electronic Filing Menu Corporate Filing Menu

Help

S Warren

JUL 2 1 2016

7/20/2016 11:01:32 AM From: To: 8506176383( 2/3 )

## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	SAQ Gulf Holdings, LLC	
		ne of Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
		·
	Name of Person	
	Firm/Company	<del></del>
	Address	Address  ity/State and Zip Code  (to be used for future annual report notification)  in concerning this matter, please call:
	City/State and Zip Code	
	, .	
	E-mail address: (to be used for future ann	nual report notification)
For fu	orther information concerning this matter	, please call:
		at ()
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following	g amount:
	S25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS	18 (2/14)	

7/20/2016 11:01:32 AM From: To: 8506176383( 3/3 )

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

		(	b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)						ability company:
	11431 Ferrell Drive, Suite 200		11431 Fen				
	Farmers Branch, TX 75234	Farmers Branch, TX 75234					
	01/31/2011		M11000000	)451			
	Date of filing/registration in Florida	4.		Docun	nent num	ber	
. (a)							
. ()	Registered Agent and Registered Office shown on the records o	f the Florid	la Dept. of Stat	- :e:			
	CAPITOL CORPORATE SERVICES, INC.						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	_			
	155 OFFICE PLAZA DRIVE, SUITE A						
	TALLAHASSEE, F	32301		_	<b>*</b> . ,	25	
	, P	1		<del>-</del>	<u> </u>	2616	and the same of th
(b)						1 2	Indiana.
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	_	S. 2.	F3	Santana.
					ENICKE FLORID	Þ	m
	C T Corporation System			<del></del>	FIC	ير ب	
	NEW Registered Office Address:			•	PAT TA		
	1200 South Pinc Island Road			_	Ş. T	ထ	
						`~	;
	Plantation , F	L_33324		_			

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