

MZ1 000012351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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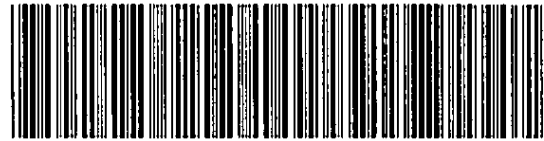
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SA MANAGER LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STELLA LABARRE

Name of Person

Firm/Company

11 MANOR CIRCLE

Address

ELKTON MD 21921

City/State and Zip Code

FLORIDA@CLOUDPEAKLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STELLA LABARRE

302 229-4964
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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.

1. Name of the limited liability company: SA MANAGER LLC
2. (a) 1309 COFFEEN AVENUE
Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*
STE 1200
SHERIDAN, WY 82801
- (b) 1309 COFFEEN AVENUE
Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*
STE 1200
SHERIDAN, WY 82801
3. 9/17/2021 Date of filing/registration in Florida
4. M21000012351 Document number

5. (a) REGISTERED AGENTS INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
7901 4TH ST N., STE 300
ST. PETERSBURG, FL 33702

- (b) CINDY'S FLORIDA LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:

8051 N. Tamiami Trail
NEW Registered Office Address:
STE E6
Sarasota, FL 34243

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Cynthia Davies

Signature of a member or authorized representative of a member

Cynthia Davies

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Cynthia Davies

Signature of Registered Agent