## P02000037922

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## **COVER LETTER**

Division of Corporations				
SUBJECT: Sarai, Inc.				
(Name of Corporation	on)			
DOCUMENT NUMBER: P02000037922				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the fo	ollowing:			
rease return an correspondence concerning and matter to the in	mownig.			
Scott A. Gerken, Esq.				
(Name of Contact Person)				
Stone & Gerken, P.A.				
(Firm/Company)				
4850 N. Highway 19A				
(Address)				
Mount Dora, FL 32757				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Dina Weimar	352 \ 357-0330			
(Name of Contact Person)	357-0330 Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

SECRETARY OF STATE
TALERARSSEE. FLORIDA

2008 SEP 18 AM 8: 00

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, to organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.	his 	
1. The name of	the corporation: Sarai, Inc.			
	office address: 19700 U.S. Highway	y 441		
Mount Dora				
3. The mailing a	ddress (if different): N/A			
4. Date of incorp	poration/qualification: April 8, 2002	Document number: P02000037922		
	d street address of the current registertment of State:	red agent and registered office on file with the		
	John R. Kancilia, Esq.			
	1800 WEST HIBISCUS BLVD STE 138			
	MELBOURNE FL 32901		<i>20</i> 7	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			OR SEP	
	Scott A. Gerken, Esq.		19 VAR	
	4850 N. Highway 19A			
	(P.O. Box NOT acco	eptable)	3	
	Mount Dora, FL 32757			
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of its registe	red agent,	
Such change wa authorized by the	as authorized by resolution duly ad he board, or the corporation has be	dopted by its board of directors or by an officer sen notified in writing of the change.	so	
(Signat	ure of an officer or director)	PRESIDENT (Printed or typed name and title)		
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered age to comply with the provisions of al ad am familiar with and accept th ing filed merely to reflect a change s been notyfied in writing of this ch	ent and agree to act in this capacity. It statutes relative to the proper and complete pe te obligation of my position as registered agent. In the registered office address, I hereby confir ange.	erformance Or, if this om that the	
	gnature of Registered Agent)	8/25/08 (Date)		
	chalf of an entity:	(2314)		
(	Typed or Printed Name)			

\* \* \* FILING FEE: \$35.00 \* \* \*