

P08000049751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

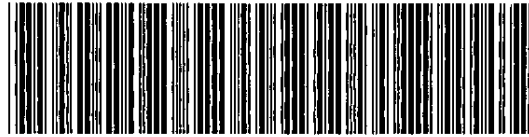
(Business Entity Name)

(Document Number)

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C. MUSTAIN

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **SABER SUPPLIES INC**
Name of Corporation

DOCUMENT NUMBER: **P08000049751**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Brooks

Name of Contact Person

Saber Supplies Inc

Firm/Company

PO Box 452791

Address

Sunrise FL 33345

City/State and Zip Code

sabersupplies@gmail.com

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

For further information concerning this matter, please call:

Donna Brooks

Name of Contact Person

at (**954**) **864-0477**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2012

DONNA BROOKS
P.O. BOX 452791
SUNRISE, FL 33345

SUBJECT: SABER SUPPLIES, INC
Ref. Number: P08000049751

We have received your document for SABER SUPPLIES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the registered agent information is changing, please fill out line 6 of your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 212A00018941

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Saber Supplies Inc
2. The principal office address: 4281 Reflections Blvd #205
Surprise FL 33351
3. The mailing address (if different): P.O. Box 452791
Surprise FL 33345
4. Date of incorporation/qualification: 5/17/2008 Document number: P08000049751
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Donna Brooks
9269 NW 44th Place
Surprise FL 33351

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Donna Brooks
4281 Reflections Blvd #205
Surprise FL 33351
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Donna Brooks owner
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

7/23/12
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)