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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

Email Address: documents@incorp.com

#### REGISTERED AGENT CHANGE SAABY CONSULTING COMPANY

Certificate of Status	0
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Page Count	02
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JUN 23 2017

S. YOUNG

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# H170001646233

#### **COVER LETTER**

our incom	Sooky Canadian Campany				
SUBJECT: Saaby Consulting Company  Name of Corporation					
	·				
DOCUMENT NUM	MBER: P14000014695				
The enclosed States	ment of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all cor	respondence concerning this matter to the following:				
Tana Vaughn					
_	Name of Contact Person				
	InCorp Services, Inc.				
Firm/Company					
	3773 Howard Hughes Pkwy. · Suite 500S				
_	Address				
	Las Vegas, NV 89169-6014				
•	City/State and Zip Code				
	processing@incorp.com				
	E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Amendment Section Division of Corporations

TO:

Tana Vaughn on behalf of InCorp Services, Inc. at ( 702 ) 866-2500

Name of Contact Person 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

CRZE045 (03/12)

### H 170001646233

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

. 1111

Pursuant to the provisions of sections bit statement of change is submitted for a co			
in order to change its registere			
1. The name of the corporation: Saaby	Consulting Comp	any	· .
	E 184th Street #5	5206, Aventura, FL 33160	)
3. The mailing address (if different):			
4. Date of incorporation/qualification:	02/06/2014	Document number:	P14000014695
5. The name and street address of the cu Florida Department of State: (If resign			lo with the
	JENSEN, KA	REN	
31	145 Ne 184Th Str	eet #5206	= 1
	Aventura, FL 3	3160	
6. The name and street address of the ne (if changed):	w registered agent (	(if changed) and /or registere	d office
	InCorp Services	s, Inc.	· · · · · · · · · · · · · · · · · · ·
	17888 67th Cour	t North	
	P.O. Box. NOT sox	•	
	Loxahatchee, FL	. 33470	<u> </u>
The street address of its registered office as changed will be identical.			
Such change was authorized by resoluti authorized by the board, or the corporat	ion duly adopted by tion has been notifi	y its board of directors or by ed in writing of the change.	an officer so
I lind	<u>_</u>	Karen Jensen, President	
I hereby accept the appointment as regill further agree to comply with the proviperformance of my duties, and I am fan agent. Or, if this document is being file hereby confirm that the corporation has	istered agent and a isions of all statute uliar with and acco ed merely to reflect s been notified in w	gree to act in this capacity. s relative to the proper and ept the obligation of my post a change in the registered or printing of this change.	complete ition as registered
Java Vaughn		June 19, 2017	
If signing on behalf of an entity:		·	
Tana Vaughn on behalf of Info	Corp Services, In	С.	
Typed or Printed Name	<del></del>		
**	* * FILING FEE:		
MAKE CHECKS P. MAIL TO: DIVISION OF GOI CR2E045 (03/12)	AYABLE TO FLORIE RPORATIONS, P.O. I	DA DEPARTMENT OF STATE BOX 6327, TALLAHASSEE, F	L 32314

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