00103708 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy Will wait Mail out Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ **OTHER FILINGS** QUALIFICATION: Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

CR2E031(1/95)

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Hurstant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>FINRIDA</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: SAGARO INC.
1b. The mailing address of the corporation is: PO BOX 4515 Decapieur Beach FL 33442
1c. Date of incorporation: 1997 Document number: 196000103708
2. The name and address of the current registered agent and office: ASAPO P.O. BOX 455 Floria Hera - Leiner Egg NeerField Bok +L. 33442
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptation 20 20 20 20 20 20 20 20 20 20 20 20 20
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. Outh fine Polarsky (Date)
Having been named as registered agent and to accept service of process for the above stated corporation, Therebyaccept 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. Company Comp
If signing on behalf of an entity: Surah Ting Polan Shi President (Capacity)

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

FILING FEE: \$35.00

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