

P99000040817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

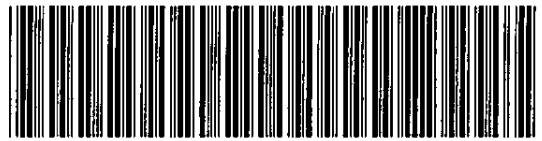
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2008

WILLIAM HERNANDEZ
10967 LONEBOAT DRIVE
COOPER CITY, FL 33026

SUBJECT: SABRE ENTERPRISES, INC.
Ref. Number: P99000040817

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

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The registered agent must sign accepting the designation.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 808A00027574

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAY -8 AM 8:00

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SABRE ENTERPRISES INC
(Name of Corporation)

DOCUMENT NUMBER: PA9 0000 40817

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:

William Hernandez
(Name of Contact Person)

SABRE ENTERPRISES
(Firm/Company)

10967 LOWBOAT DRIVE
(Address)

COOPER CITY FL 33026
(City/State and Zip Code)

For further information concerning this matter, please call:

William Hernandez at (954) 438-0740
(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

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: SABAE ENTERPRISES, INC.
- 2. The principal office address: 10967 Longboat Drive
Cooper City FL 33026
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 5 / 1999 Document number: 9990000 40817
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

EFRAIM HERNADEZ
10967 Longboat Drive
Cooper City FL 33026

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

William Hernandez
10967 Longboat Drive
(P.O. Box NOT acceptable)
Cooper City FL 33026

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TALLAHASSEE, FLORIDA

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)

Williams Hernandez
(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)

05/06/08
(Date)

If signing on behalf of an entity:

Sabra Enterprises
(Typed or Printed Name)

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