P99000040817

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	cument Number)	
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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

ACINOTAL SECRETARY OF STATE TO PROPERTY OF CONTROL ACINOTAL SECRETARIES.

2008 MA 8- YAM 8005

RECEIVED

Division of Companytions DO DOV 6997 Tollahaggas Florida 99914

COVER LETTER

Division of Corporations			
SUBJECT: SAbre ENTERPRISES TUC (Name of Corporation)			
DOCUMENT NUMBER: Pag 0000 40017			
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 Honnarde Z (Name of Contact Person)			
Sabre Enterfrises (Firm/Company)			
10967 Inobort Orive (Address)			
Cooper City Fl 33025 (City/State and Zip Code)			
For further information concerning this matter, please call:			
William Heinaridez 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 Flourism in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: SABLE ENTIL PRISES, INC.		
2. The principal office address: 10967 Long boat Duve		
Cooper City F1 33026		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 5 / 1999 Document number: 099 0000 40817		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
EFRAIM HERVANDEZ		
10967 Longbot Drive		
Cooper C.T. F1 33026 =		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
William Hernandez 32 3		
10967 Land boot acceptable)		
Cooper GTy F1 33026		
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 of an officer or director) (Signature of an officer or director) (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 of Registered Agent) OS/06/08		
If signing on behalf of an entity:		
Sabrentenbuses (Typed or Printed Name)		

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