## P12-0000 260 47

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C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SAK Erterprises Inc. Name of Corpbration
DOCUMENT NUMBER: PIACOCO 26047
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:
Susan Miles Name of Contact Person
Firm/Company
8928 Rocky Creck DY
8928 Rocky Creck DY Address  Tampe, F1 33615  Oity/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan Miles at (\$13,997-3213)  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  Street Address:  Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Sak Enterprises Inc
2. The principal office address: 8928 Bocky Crook Dr
Tamps, FLJ 33615
3. The mailing address (if different):
4. Date of incorporation/qualification: 31512 Document number: P1200026047
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)
Susan Miles
12412 Plantation Pine Ln
Tampa, FL 33635
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Susan Miles 5 5
P.O. Box NoT acceptable
Tampa, FL 33615
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.
Susan Miles President
Signature of an officer or director  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 Signature of Registered Agent
If signing on behalf of an entity:
Typed or Printed Name

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

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