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SECRETARY OF STATE

COVER LETTER

Division of Corporations				
SUBJECT: SB Palafox, LLC (Name of	Limited Liability Company)			
(
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted	for filing.		
Please return all correspondence concerning	g this matter to the following:			
Deborah J. Stuckey				
(Name of Person)	-			
OD Dalafay, LLO				
SB Palafox, LLC (Firm/Company)				
1101 N. Palafox St.				
(Address)				
Personal El 22504 2607				
Pensacola, FL 32501-2607 (City/State and Zip Code)				
(eligible and sip code)		2 S		
For further information concerning this ma	tter please call:	ECR III		
1 or return information concerning and ma	, presse carr	1005 DEC 1 SECRETAR LLAHASS		
Deborah J. Stuckey	at (850) 202-5263	RY C		
(Name of Person)	(Area Code & Daytime	Telephon Number		
·		유로 · ?		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	- BH 33		
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the follow	ing amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability	company is: SB I	Palafox, LLC	
2. The mailing address of the limite	d liability compan	y is : <u>1101 N. Palafox</u>	St.
Pensacola, FL 32501-2607			
06/20/2005		L05000061123	3 .
3. Date of filing/registration in Flor	ida	4. Document nu	mber
5. The name of the registered agent of Florida Department of State:	_	office address as shown	on the records of the
Debota	<u>ih J. Stuckey</u> Nam	<u> </u>	_
1120 E	Cervantes St		
Pensaco	Addro ola, FL 32501 City, State		
6. The name and address of the new	registered agent a	nd/or office:	
7100 Pla	Name antation Rd, Su	Kirkland, & Campbe ite 18 . Box NOT acceptable)	<u>u</u> .
Pensaco	ola FĻ	32504	
	City, State a	nd Zip	
If the limited liability company is no confirmed that after the change or chand the business office of the registe liability company, it is hereby confir of the members of the limited liability or the operating agreement of the limited liability or the operating agreement of the limited liability of the operation of the limited liability of the limited liability of the operation of the limited liability of the liability of	nanges are made, the chart agent will be in med that the chan ity company or as in ited liability company.	he Florida street address identical. Or, in the case ge(s) was/were authoriz otherwise provided in the	s of the registered office e of a Flarida limited ed b√amaffirmative vote
Deborah J. Stuckey, Manager (Printed or typed name of signee)		· 	-84 2: -84 2:
I hereby accept the appointment as comply with the provisions of all sta and I am familiar with and accept the Chapter 608, F.S. Or, if this docume address, I hereby confirm that the ling (Signature of Registered Agent)	registered agent a tutes relative to th e obligations of m ent is being filed to nited liability com	nd agree to act in this c e proper and complete p y position as registered o merely reflect a chan pany has been notified	apacity. I further agree to performance of my duties, agent as provided for in the registered office in writing of this change.
(n.D or respinered (120m)			