## M08000002743

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**G. HARVEY** 

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**EXAMINER** 



## Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831

Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

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

DATE: STATE: 8/25/2010 FLORIDA

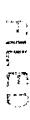
REP UNIT:

SF TAMPA, LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #19711 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767 SECRETARY OF STATE
TAIL AHASSEF, FLORIDA



## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SF TAMPA, LLC  Name of Limit	ed Liability Company	<del></del>	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this r	matter to the following:		
Myra Homer Name of Person		20 M A SECT	Terit de apar
Capitol Services Registered Agent Firm/Company	Department	20 KO AUG 27 P SECRETARY O TALLAHASSEE.	
800 Brazos, Suite 400		PM 2: 37 OF STATE	C
Austin, Texas 78701 City/State and Zip Code	·	, 1	
E-mail address: (to be used for future annual report notificat	tion)		
For further information concerning this matter, ple			
Myra Homer at (	800 345-4647  Area Code & Daytime Telephone Number	_	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following am	ount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	,	

INHS18 (5/08)

## 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. Name of the limited liability company: SF TAMI	PA, LLC	=	~3
2. (a) Principal office address of limited liability comp	nany. 1818 East Fletcher Avenue		3
	Tampa, FL 33612	AET.	<u>E</u>
(Note: MUST BE STREET ADDRESS)		SS	21
(b) Mailing address of limited liability company:	2 North Palafox Street	EE.	7
(Note: MAY BE POST OFFICE BOX)	Pensacola, FL 32502	21.0	7
		器台	ري
6/9/2008	M08000002743	<b>&gt;</b>	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of S	State:	
Registered Agent:	National Corporate Research, L	td., Inc.	_
Registered Office Address:	515 East Park Avenue		
	Tallahassee FL	32301	_
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>New Registered Agent</u>	NEW Registered Office address:		
NEW Registered Agent:	Capitol Corporate Services	, Inc.	_
NEW Registered Office Address:	155 Office Plaza Drive, Sui	te A	_
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee , FL	32301	_
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability or operating agreement of the limited liabil	te Florida street address of the registere dentical. Or, in the case of a Florida lin re(s) was/were authorized by an affirma	d office nited nive vote	
Enic Roth			
Printed or typed name of signee			
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp		er agree to ny duties, ed for in ed office change.	
Signature of Registered Agent Delanie Case, Asst. So behalf of Capitol Corpo			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00