6/25/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000196773 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone : (850)521-0821 Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE **SM LAMBO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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JUN 26 2020

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Help

INHS18 (2/14)

	COVER LET	TER	¥	H20000196773
TO: Registration Section Division of Corporations				
SM LAMBO LLC SUBJECT:				
Nan	ne of Limited Liabi	lity Compan	iy	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and fee	(s) are subm	itted for filing.	
Please return all correspondence concerning th	is matter to the follo	owing:		
LUCY LEE				
Name of Person	·			
HSMG LLC				
Firm/Company				
41 MADISON AVENUE, 31ST FLOOR				
Address				
NEW YORK, NY 10010				
City/State and Zip Code				
LLEE@HSMGRP.COM				
E-mail address: (to be used for future and	nual report notificat	ion)		
For further information concerning this matter,	, please call:			
SIMRAN MALHOTRA	973 at (	615-7010		
Name of Person		Area Code &	Daytime Telepho	one Number
Mailing Address:		Street Add		
Registration Section		Registration of		
Division of Corporations P.O. Box 6327			f Corporations of Tallahassee	
Tallahassee, FL 32314			onroe Street, Sui	te 810
1 difdifd5500, 1 15 32317			e, FL 32303	
Enclosed is a check for the following	g amount:			
□ \$25 Filing Fee	<b>□</b> \$55	Filing Fee &	Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY H20000196773 3

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: SM Lambo LLC			·····		
2. (a)		(	b)			
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		M	arling address of limited liability company (Note: MAY BE POST OFFICE BOX)		
	9100 CONROY WINDERMERE ROAD, STE 200			ROY WINDERMERE ROAD, STE 200		
	WINDERMERE, FL 34786	<del></del>	WINDERM			
	WINDERINE, I'E O II GO	<del>-</del>				
	10/222018		M18000009	9510		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	LEE. LUCY					
J. (a)	Registered Agent and Registered Office shown on the records of	the Flori	in Dept. of State.			
	9100 CONROY WINDERMERE ROAD STE 275			<u>~</u>		
	Registered Office Address (MUST BE FLORIDA STREET.	228 A				
	_		_	7 <u></u> 7 7		
	WINDERMERE,	34786		<b>≥</b>		
	WINDERMERE, FI	' <del></del>	<del></del>	<u> </u>		
(b)				<u>.</u> ب		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	ddress	 5		
	Corporation Service Company			<i>,</i> 01		
	NEW Registered Office Address					
	1201 Hays Street					
	Tallahassee	32301				
chang agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the	ws of the register ability of the li	e State of Flor red office and company, it is mited liability	hereby confirmed that the change(s) company or as otherwise provided in		
	W. Ind.	***************************************	Simran M			
Sign	ature of a member or authorized representative of a member	_		Printed or typed name of signee		
provis the ob to met	by accept the appointment as registered agent and agree on so all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.	perjori d for in hereby	confirm that th	Ittes, and Fam Jaminar with an accept F.S. Or, if this document is being filed he limited liability company has been		
	fmanda E	1	56	and the second s		