

1409000000100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

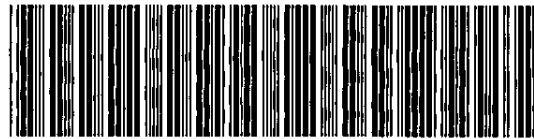
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000300834300

06/29/17--01020--008 **35.00

11

FILED
2017 JUN 29 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JUL - 3 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMB I LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A09000000100

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Frank Denoun
Contact Person

Firm/Company
3536 N Federal Hwy #202
Address

Ft. Lauderdale, FL 33308
City, State and Zip Code

tmenendez@meliortho.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Denoun at (954) 566-7590
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. SMB I, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 02/09/2009 3. A09000000100
Date of filing/registration in Florida Florida document number


4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Perlman, Yevolit Albright, P.L.
Name
200 S. Andrews Ave, Ste 600
Address
Ft. Lauderdale, FL 33301
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Daszkal Bolton
Name
2401 NW Boca Raton Blvd
Florida street address (P.O. Box not acceptable)
Boca Raton FL 33431
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

x 
Signature of General Partner

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 obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
2011 JUN 29 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA