

L02000008935

The Spring Bay Companies
818 AIA North, Suite 204
Ponte Vedra Beach, FL 32082

City/State/Zip

Phone

(3)

600007162116--7
-08/16/02--01028--016
*****25.00 *****25.00

8/28

RFA change

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. L02-8935 (Corporation Name) MJH (Document #)
2. 00789-001014-00671 (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Charles Gregory GAVE
AUTHORIZATION BY PHONE TO
CORRECT RFA name to match signature

DATE 8/28/02
DOC. EXAM MJH

CR2E031(7/97)

Examiner's Initials

FILED
02 AUG 28 AM 8:58
STATE OF FLORIDA
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 19, 2002

THE SPRING BAY COMPANIES
818 A1A NORTH, SUITE 204
PONTE VEDRA BEACH, FL 32082

SUBJECT: FBS VENTURE MANAGEMENT, LLC
Ref. Number: L02000008935

We have received your document for FBS VENTURE MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 802A00048749

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: FBS VENTURE MANAGEMENT, LLC

2. The mailing address of the limited liability company is:

818 A1A NORTH, SUITE 204 PONTE VEDRA BEACH, FL 32082

4/2002

LO2000008935

3. Date of filing/registration in Florida

4. Document number

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

LEXIS DOCUMENT SERVICES
Name

801 ADLAI STEVENSON DR.
Address

SPRINGFIELD IL 62703
City, State and Zip

6. The name and address of the new registered agent and/or office:

Charles Gregory
Name

818 A1A N, SUITE 204
Florida street address (P.O. Box NOT acceptable)

PONTE VEDRA FL 32082
City, State and Zip

SECRETARY OF STATE
TALLAHASSEE FLORIDA

02 AUG 28 AM 8:58

FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Charles R. Gregory
(Signature of a member or authorized representative of a member)
ITS: ASST MGR - FINANCE

CHARLES R. GREGORY, JR.
(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Charles R. Gregory
(Signature of Registered Agent)
ITS: ASST MGR - FINANCE

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