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SECRETARY OF STATE OIVISION OF CORPORATIONS

J. BRYAN

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2007

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VICTOR R. SMITH .
S.B.S. INVESTMENTS, LLC 255 MAGNOLIA AVE. S.W. WINTER HAVEN, FL 33880

SUBJECT: S.B.S. INVESTMENTS, LLC

Ref. Number: L03000029954

We have received your document for S.B.S. INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

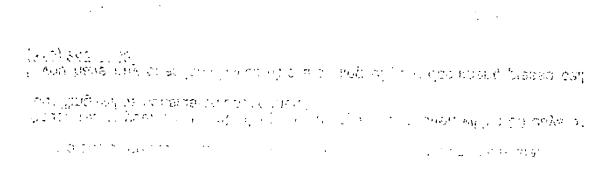
We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 507A00038572



STRAUGHN, TURNER & SMITH, P.A.

ATTORNEYS AND COUNSELOR AT LAW

RICHARD E. STRAUGHN MARK G. TURNER VICTOR R. SMITH J. KEMP BRINSON 255 MAGNOLIA AVENUE SW WITER HAVEN, FLORIDA 33880

TELEPHONE: (863) 293-1184 FAX: (863) 293-3051 MAILING ADDRESS POST OFFICE BOX 2295 WINTER HAVEN, FLORIDA 33883-2295

GERALD P. HILL, II, LL.M. Brian J. Knowles

> JACK STRAUGHN (1925-2000)

> > July 2, 2007

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

Re: Attorney Fees

To whom it may concern:

Enclosed please find the correct documents for our Change of Registered Office for Limited Liability Company. Also enclosed please find your letter dated June 6, 2007 stating you received our check for \$35.00 but we filled out the wrong form for LLC.

I understand reading the bottom of the enclosed cover letter you sent me that it is \$25.00 for Change of Registered Office for LLC. Please reimburse our \$10.00 overpayment made payable to:

Victor R. Smith P.O. Box 2295 Winter Haven, FL 33883

> Bear Hines (Bookkeeping)

Sincerely,

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: S.B.S. Investments, LLC (Name of Lin	mited Liability Company)	·
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	is matter to the following:	
Victor R. Smith		
(Name of Person)		
S.B.S. Investments, LLC		_ 9
(Firm/Company)		O7 JUL
170 East Haines Blvd.		JUL -6 PH 4: 30
(Address)		6 P
		DŘPOŘATION PH 4: 30
Lake Alfred, FL 33850		: 3C
(City/State and Zip Code)		<u></u>
For further information concerning this matter,	, please call:	
Victor R. Smith	at (863) 293-1184	
(Name of Person)	(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	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: S.B.S. Investments, LLC 2. The mailing address of the limited liability company is: P.O. Box 999 Winter Haven, FL 33882 08-13-2003 L03000029954 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: Victor R. Smith Name 170 East Haines Blvd. Address Lake Alfred, FL 33850 City, State and Zip 6. The name and address of the new registered agent and/or office: Name 255 Magnolia Avenue, S.W. Florida street address (P.O. Box NOT acceptable) Winter Haven, 33880 City, State and Zip 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 horized liability company or as otherwise provided in the articles of organization or the operating account of the limited liability company. (Signature of a member or authorized representative of a member) Victor R. Smith (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.

(Signature of Registered Agent)