405000027985

•						
(Requestor's Name)						
(Address)						
(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



100305132031

11/06/17--01001--001 **25.00

J. LEGGETT

1915 - 184 9- 40N 2

COVER LETTER

то:	Registration Section Division of Corporations						
SUBJI	SANSBY LLC						
Name of Limited Liability Company							
Dear S	Sir or Madaın:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
JOSE	E RAMON SANCHEZ JR. BEY						
	Name of Person						
SAN	SBY LLC						
	Firm/Company						
2613	MERCHANT AVE UNIT C						
	Address						
ODE	SSA, FLORIDA 33556						
	City/State and Zip Code	 					
jose(@absolutecountertops.com						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
JOSE	E RAMON SANCHEZ JR. BEY	813 405-7622					
	Name of Person		me 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 323	3				
	Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certif	ied Copy				

INHS18 (2/14)

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

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 10/100	".			
I. Na	me of the limited liability company: SANSBY LLC			
2. (a)	SANSBY LLC	(b) S	ANSBY LLC	<u> </u>
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ,,		address of limited liability company: : MAY BE POST OFFICE BOX)
	2613 MERCHANT AVE UNIT C	26	13 MERCH	IANT AVE UNIT C
	ODESSA, FLORIDA 33556	0	DESSA, FL	ORIDA 33556
	03/21/2005	LO:	5000027989)
3.	Date of filing/registration in Florida	- 4.	Docu	ment number
5. (a)	SANSBY LLC			
3. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	t. of State:	
	KIMBERLY A CROSBY			AIL 7
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS)		FIL NOV -
	2613 NERCHANT AVE UNIT C			V-6 PH
	ODESSA .FL	33556		골
(b)	SANSBY LLC			1: 41 ATE ORIDA
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	;	
	JOSE RAMON SANCHEZ JR. BEY			
	NEW Registered Office Address:		<u></u>	
	2613 MERCHANT AVE UNIT C			
	ODESSA SI	33556		
\cap				
he dha agent v	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of the case of the members of the membe	the registere ability comp of the limited	ed office and t any, it is herel liability com	he business office of the registered by confirmed that the change(s) pany or as otherwise provided in
theyart	icles of organization or the operating agreement of the			
Non-	THE OF a member or authorized representative of a member	III WES COL	Printe	d or typed name of signee
I here provis the obt to mer	by accept the appointment as registered agent and agricols of all statutes relative to the proper and complete fraitions of my position as registered agent as provide the reflect a change in the registered office address, I fin writing of this change.	perjormanc d for in Cha hereby confi	his capacity. 2 of my duties, oter 605, F.S. rm that the lin	I further agree to comply with the , and I am familiar with and accept Or, if this document is being filed nited liability company has been
Signati	re of Registered Agent			

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