Lusecce 31964

(Re	equestor's Name)							
(Address)								
(Address)								
(Ci	ty/State/Zip/Phone	e #)						
PICK-UP	WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	Certificates	s of Status						
Special Instructions to Filing Officer:								
		-						





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JAN 28 2016 J SHIVERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 25, 2016

Order#: 957055/165

Re: SMBIMS FLORIDA I, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.	Na	ame of the limited lia	ability company	: SMBIMS FLO	RIDA I, LLC		
2	(a)	40 Burton Hills Bou	ılevard		(b) _		
2. (u)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Suite 500		· · · · · · · · · · · · · · · · · · ·			······································
		Nashville,	TN	37215			
		03/31/2005				05000031964	
3.		Date of fill	ing/registration	in Florida	4.	Documen	nt number
5.	(a)	C T Corporation	System				
٠.	(4)	Registered Agent and R		nown on the records of	of the Florida De	ept. of State:	
		1200 South Pine	Island Road				
		Registered Office Addi		FLORIDA STREET	(ADDRESS)		
							T.
		Plantation		, F	L 33324		16 JAN SECRET
	(b)	Corporation Service	ce Company				SS 2
	(0)		e of NEW Registered Agent and/or NEW Registered (d Office addre	<u>ss</u> :	
		1201 Hays Street					22≥ on 1
		NEW Registered Offic	e Address:				31.1
		Tallahassee		, F	L 32301		
the ag	e cha ent v	ange or changes are r will be identical. Or	made, the Florid , in the case of affirmative vot	da street address of a Florida limited le e of the members	of the register liability comp of the limite e limited liab	red office and the b pany, it is hereby of d liability company oility company.	hereby confirmed that after business office of the registered onfirmed that the change(s) y or as otherwise provided in
	Signa	ture of a member or auth	orized representati	ve of a member	<u>Dona F</u>	Printed or t	Person typed name of signee
I. pr the to	here ovisi e obl mer tified	by accept the appoint ions of all statutes re ligations of my positi	ntment as regist clative to the pr ion as registere in the registere	ered agent and a oper and complet d agent as provid	e performand led for in Cha	this capacity. I fu ce of my duties, and apter 605. F.S. Or.	rther agree to comply with the d I am familiar with and accept if this document is being filed d liability company has been

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

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President