L08000070256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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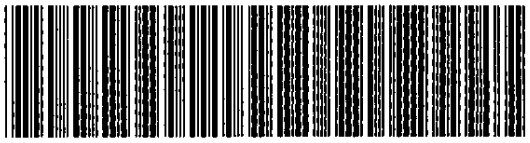
SEP 9 - 2010

EXAMINER



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10 SEP -9 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMB Properties LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Joy Williams
Name of Person

SMB Properties LLC
Firm/Company

3820-2 Williamsburg Park Blvd
Address

Jacksonville FL 32257
City/State and Zip Code

joy.mankus@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joy Williams at (904) 730-0200
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. Name of the limited liability company: SMB Properties LLC

2. (a) Principal office address of limited liability company:
☐ (***Note: MUST BE STREET ADDRESS***)
3820-2 Williamsburg Park Blvd
Jacksonville FL 32257

(b) Mailing address of limited liability company:
☐ ***(Note: MAY BE POST OFFICE BOX)***
same as above

7/21/08
3. Date of filing/registration in Florida

L08000070256
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Shutsman Thames & Markey PA

Registered Office Address: 50 N. Laura St #1600
Jacksonville FL 32202-05

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: David Mankus

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)
3820-2 Williamsburg Park Blvd
Jacksonville, FL 32257

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.

Signature of a member or authorized representative of a member

David M. Mankus - Manager
Printed or typed name of signee

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10 SEP -9 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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