## L0900009183

(F	Requestor's Name)	
(Address)		
A)	ddress)	
(C	City/State/Zip/Phone #	<i>‡</i> )
PICK-UP	WAIT	MAIL
(E	Business Entity Name	·)
(Document Number)		
Certified Copies	Certificates c	of Status
Special Instructions to Filing Officer:		
		:





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SECRETARY DESTATE
DIVISION OF CORPORATIONS
10 JAN 14 AM 11: 26

T. HAMPTON

JAN 1 5 2010

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations	
	Holdings, LLC 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 ma	atter to the following:
Brian Woods Name of Person	
Name of Person	
SHBO Holdings, LLC Firm/Company	*****
1 in a Company	
325 Clematis St Ste 403 Address	
West Palm Beach, FL 33401	
City/State and Zip Code	<u></u>
bwoods@shbo-holdings.com E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, plea	ase call:
Brian Woods at (	561 ) 283-0825
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
\$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.

Name of the limited liability company:	SHBO Holdings, LLC
2. (a) Principal office address of limited liability company	224 Datura Street
(Note: MUST BE STREET ADDRESS)	Suite 809 West Palm Beach, FL 33401
(b) Mailing address of limited liability company:	325 Clematis Street
(Note: MAY BE POST OFFICE BOX)	Suite 403 West Palm Beach, FL 33401
01/28/2009	L0900009183
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	Kelley, Craig I
Registered Office Address:	1665 Palm Beach Lakes Blvd Suite 1000
	West Palm Beach, FL 33401
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	W Registered Office address:  Jeffrey Harrington, Esq
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	224 Datura Street Suite 510 West Palm Beach ,FL33401
If the limited liability company is not organized under the legistering that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of a member of and I am familiar with and accept the obligations of my post chapter 608, F.S. Or, if this document is being filed to mendadress, I hereby confirm that the limited liability company.  Signature of Registered Agent  Division of Corporations, P.O. Box 632	aws of the State of Florida, it is hereby- lorida street address of the registered of the lorida street address of a Florida limited to was/were authorized by an affirmative some wise provided in the articles of organization.  The provided in the articles of organization of this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office of has been notified in writing of this change.

FILING FEE: \$25.00