## 109000009189

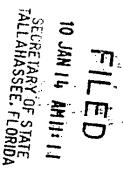
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
<u> </u>					
Special Instructions to Filing Officer:					

Office Use Only



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01/14/10-01014-007 \*\*25.00



D. BRUCE

JAN 15 2010

**EXAMINER** 

## **COVER LETTER**

• Division of Corp	orations							
SUBJECT:	SHB	O Te	chnol	ogies,	LLC			
	Name of I							_
Dear Sir or Madam:								
The enclosed Registered	Agent/Registered C	Office (	Change	and fee	e(s) are submitt	ted for filin	ng.	
Please return all corresp	ondence concerning	this m	atter to	the foll	owing:			
<del></del>	rian Woods			_				
Na	ime of Person							
	echnologies, LLC	<del></del> -	<u></u>	_		=1		
325 Cle	ematis St Ste 403					SECRET ALLAHA	10 JAN	71
	Address					CCRETARY OF STATE	II A	
	m Beach, FL 3340	1		_		- S)		
City/S	tate and Zip Code					ATE PRIDA	11-0 	•
bwoods@shbo-tech.com  E-mail address: (to be used for future annual report notification)					_			
E-mail address: (to be use	for future annual report n	otificatio	n)	_				
For further information of	concerning this matte	er, plea	ise call	:				
Brian W	oods	_ at (	561	_)	283-0	825		_
Name of Per	son			Area Code	e & Daytime Telepl	hone Number		
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, Florid	on rations enter Circle		Reg Div P.O	istration ision of Box 63	Corporations			
Enclosed is a ch	eck for the followin	ig amo	unt:					
\$25 Filing Fee	;		\$5	5 Filing	Fee & Certifi	ed Copy		

**TO:** Registration Section

## 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 Technologies, LLC			
2. (a) Principal office address of limited liability of	company: 224 Datura Street			
(Note: MUST BE STREET ADDRESS)	Suite 809 West Palm Beach, FL 33401			
(b) Mailing address of limited liability compan	y: <u>325 Clematis Street</u>			
(Note: MAY BE POST OFFICE BOX)	Suite 403 West Palm Beach, FL 33401			
01/28/2009	L09000009189			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office she	own on 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 NEW Registered Agent and	Vor NEW Registered Office address			
NEW Registered Agent:	Jeffrey Harrington, Esque			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	SS) Suite 510 Solution Street Solution Street Solution S			
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  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 qonfirm that the limited liability company has been notified in writing of this change.				
	_			

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