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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations	
	SHBO Properties, LLC
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Brian Woods	
Name of Person	
SHBO Properties, LL	<u>C </u>
Firm/Company	10 J
325 Clematis St Ste 40	AN 14 HASSE
Address	ع د الله الله الله الله الله الله الله الل
West Palm Beach, FL 33 City/State and Zip Code	SECRETARY OF STATE ALLAHASSEE, FLORIDA
bwoods@shbo-properties E-mail address: (to be used for future annual rep	S.COM port notification)
For further information concerning this n	natter, please call:
Brian Woods	at (561) 459-4361
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 32314
Tallahassee, Florida 32301	
Enclosed is a check for the follo	wing amount:
	\$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.

agent, or both, in the state of 1 tortain.	
1. Name of the limited liability company:	SHBO Properties, LLC
2. (a) Principal office address of limited liability co	mpany: 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	L0900009191
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	wn 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 38401
(b) Enter name of NEW Registered Agent and/o	· — — — — — — — — — — — — — — — — — — —
NEW Registered Agent:	Jeffrey Harrington, Esquare No.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	224 Datura Street
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the charge of the members of the limited liability company or as or the operating agreement of the limited liability confirmed that the charge of the operating agreement of the limited liability confirmed that the charge of the operating agreement of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liability confirmed that the charge of the operation of the limited liabilit	the Florida street address of the registered office identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote
Printed or typed name of signee	and agree to act in this canacity. I further agree to
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I pereby confirm that the limited liability co	the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.

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