

LOG 000021265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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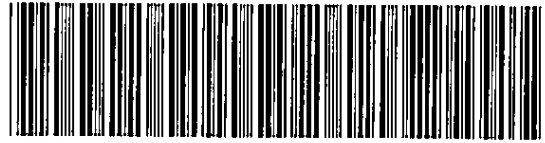
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

11/23/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of registered agent
Name of Corporation

DOCUMENT NUMBER: L09000021265

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Edwards

Name of Contact Person

SBRUS 2, LLC

Firm/Company

8624 N Himes Avenue

Address

Tampa, FL 33614

City/State and Zip Code

kedwards@garyjamesinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Edwards

Name of Contact Person

at (813)

932-2570 x 9822

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State. — already paid

check # 702249 dated 8/3/2020

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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. Name of the limited liability company: SBRUS 2 LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

8624 N Himes Avenue
Tampa FL 33614

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

PO Box 271508
Tampa FL 33688

3. 3/4/2009 Date of filing/registration in Florida 4. LD9000021265 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1208 W. Charter Street
Tampa, FL 33602

(b) Anthony J. Gindley
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

8624 N. Himes Ave
Tampa, FL 33614

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.

Loech Edwards
Signature of a member or authorized representative of a member

Karen Edwards CEO
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 605, 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]
Signature of Registered Agent

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TALLAHASSEE, FL
CLERK OF STATE