

**L09000057329**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
SM NAPLES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
12 DEC -6 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 DEC -6 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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B. BOSTICK

DEC - 7 2012

EXAMINER

<https://efile.sunbiz.org/scripts/efilcovr.exe>

12/6/2012

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SM Naples, 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:**

Name of Person

Firm/Сотрудник

**Address**

City/State and Zip Code

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

**For further information concerning this matter, please call:**

Name of Person

at (\_\_\_\_\_)

Area Code &amp; 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

INHS 18 (5/08)

**FD-302**

12 DEC -6 AM 10:29

STATE  
TALLAHASSEE, FLORIDA

**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: SM Naples, LLC

2. (a) Principal office address of limited liability company: 3073 HORSESHOE DR SUITE 100  
(Note: MUST BE STREET ADDRESS) NAPLES FL 34104

(b) Mailing address of limited liability company: 3073 HORSESHOE DR SUITE 100  
(Note: MAY BE POST OFFICE BOX) NAPLES FL 34104

04/17/2009 L09000037329  
3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: MICHAEL A MARSHALL

Registered Office Address: 3073 HORSESHOE DRIVE SOUTH, SUITE 102  
NAPLES FL 34104

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

NEW Registered Agent: C T Corporation System

NEW Registered Office Address: 1200 South Pine Island Road

(MUST BE FLORIDA STREET ADDRESS) Plantation

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

Angel Nunez  
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 confirm that the limited liability company has been notified in writing of this change.*

By: Signature of Registered Agent

Samantha Jones, Asst. Secretary, C T Corporation System  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**

INHS18 (05/08)