11000000 2191

(Requesto	r's Name)	
(Address)		
(Address)		
(City/State	/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing 0	Dfficer:	
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Office Use Only



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SECRETARY OF STATE TALLASASSEE, FLORIDA

FEB 12 2015 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Sphel Property Holdings 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/Company						
7 Happers (gne)						
Fair Haven NJ 0770X City/State and Zip Code						
JE-mall address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Grea Barry at (232) 996 2643 Name of Person Area Code & 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 & Certified Copy						
INHS18 (2/14)						



January 22, 2015

GREG BARRY 7 HAGGERS LANE FAIR HAVEN, NJ 07704 US

SUBJECT: SANIBEL PROPERTY HOLDINGS, LLC

Ref. Number: L10000002191

We have received your document for SANIBEL PROPERTY HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 115A00001348

Tina D Carter Regulatory Specialist

www.sunbiz.org

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submits	at to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the following statement in order to change its registered office or r	the undersigned limited lic egistered agent, or both,	ibility in the	company State of		
Florida.		1///	///	1		
1. Nan	ne of the limited liability company: Jon Joe / Moperty	HOLDINGS L	<u> </u>			
2. (a) _	1170 Button Word (gno (b)	L/0000000	·2/	19/_		
		Mailing address of limited liabil				
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFF	<u>ICE BU</u>	<u> </u>		
	Ugnibe/ 1-/ 00 70 /					
		, , , , , ,		210		
_	<u> </u>	100000	<u>///</u> c	<u> </u>		
3.	Date of filing/registration in Florida 4.	Document number				
5. (a)	Ct Corporation Justen	_				
I	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	te:				
	1200 South Pine Island Lo	<i>\$e/</i>				
:	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			7. .		
		_	5 5	SEC SEC		
	Planation , FL 3332X	_	£	ART I		
•		_		SS T		
(b) _	Digging in the Jand Ul		A	E CED		
I	Enter name of NEW Registered Agent and/or NEW Registered Office address:		ڣ	F. C.		
	114/2 B. Hanyond long		59	NATE ATE		
	NEW Registered Office Address:	-		A		
·						
		_				
	January 33917					
	NAME	_		•		
If the lin	nited liability company is not organized under the laws of the State of Fl age or changes are made, the Florida street address of the registered offic	orida, it is hereby confirmed and the business office of	ed that of the r	after egistered		
agent wi	ill be identical. Or, in the case of a Florida limited liability company, it is a unnorized by an affirmative vote of the members of the limited liability	is hereby confirmed that th	ie chan	ige(s)		
the artic	les of organization or the operating agreement of the limited liability con	npany,				
	Gree	Printed or typed name of signo				
· · · · · · · · · · · · · · · · · · ·		,		41.45.		
provișio	vaccept the appointment as registered agent and agree to act in this cap as of all statutes relative to the proper and complete performance of my	duties, and I am familiar w	omply vith ar	wiin ine id accept		
to merel	ns of all statutes relative to the proper and complete performance of my equions of my position as registered agent as provided for in Chapter 60 y perfect a change in the registered office address, I hereby confirm that	the limited liability compo	n is be iny hai	s been		
noujua	in writing of this change.					
Signature	of Registered Agent					
	Division of Corporations • P.O. Box 6327 • Tallaha	ssee. FL 32314				
	FILING FEE: \$25.00					