

L10000032775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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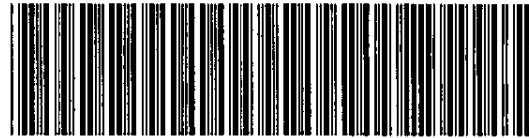
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AND  
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14 DEC -2 PM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 09 2014  
T. J. [Signature]

# Samuel Spencer Blum

ATTORNEY AT LAW

2666 TIGERTAIL AVENUE, SUITE 106  
COCONUT GROVE, FLORIDA 33133

TELEPHONE: (305) 854-1885  
TELEFAX: (305) 854-3314  
e-mail: sam@samblum.com

November 24, 2014

Division of Corporations  
Registration Section  
Post Office Box 6327  
Tallahassee, Florida 32314

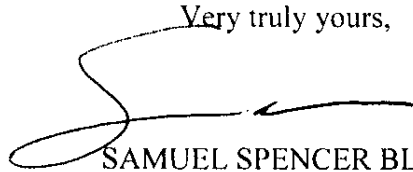
Re: Shangri-La Partners, LLC

Dear Sir or Madam:

Enclosed please find Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company changing the registered agent for Shangri-La Partners, LLC from Samuel Spencer Blum to William Krupnick. Also enclosed is check in the amount of \$25.00 for same.

If you have any questions, feel free to contact me.

Very truly yours,



SAMUEL SPENCER BLUM

SSB/lcm

Enclosures

cc: Mr. William Krupnick

Corporate\103993\112414 div.corp

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shangri-La Partners, 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:

William Krupnick

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

23 Harbour Isle Drive W, PH6

\_\_\_\_\_  
Address

Fort Pierce, Florida 34949

\_\_\_\_\_  
City/State and Zip Code

wkrupnick@hotmail.com

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

For further information concerning this matter, please call:

William Krupnick

at ( 305 ) 661-4875

\_\_\_\_\_  
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

☐ \$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 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: Shangri-La Partners, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

2850 New Tampa Highway, #74

Lakeland, Florida 33815

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

23 Harbour Isle Drive W., PH6

Fort Pierce, Florida 34949

March 24, 2010

L10000032775

3. Date of filing/registration in Florida

4. Document number

5. (a) Samuel Spencer Blum

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Samuel Spencer Blum

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2666 Tigertail Avenue, Suite 106

Coconut Grove, FL 33133

(b) William Krupnick

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

William Krupnick

NEW Registered Office Address:

23 Harbour Isle Drive W., PH6

Fort Pierce, FL 34949

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.

X William Krupnick  
Signature of a member or authorized representative of a member

William Krupnick

Printed or typed name of signer

*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.*

X William Krupnick  
Signature of Registered Agent

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

FILING FEE: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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