(1/2)

Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000169781 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number ; (850)878-5368

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

Email Address:

LLC REGISTERED AGENT CHANGE SB COMMERCIAL COMPONENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG = 1 2013

B. BOSTICK

EXAMINER

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

Pursuant to the provisions of sections 608.416 or liability company submits the following statement tagent, or both, in the State of Florida.	608.508, Florida Statutes, the und in order to change its registered off	lersigned limited ice ör registered
1. Name of the limited liability company: SB Comm	tercial Component LLC	
2. (a) Principal office address of limited liability co (Note: MUST BE STREET ADDRESS)	711 5th Avenue South, Ste #200 Naples, FL 34102	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
06/15/2011	L11000070112	
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 Dep	t. of State:
Registered Agent:	Small, Mark	
Registered Office Address:	711 5th Avenus South, Ste #200 Naples, FL 34102	
(b) Enter name of <u>NEW Registered Agent</u> and/o	or NEW Registered Office address	SSET OF RE
NEW Registered Agent:	C T Corporation System	المحقد المحتاث المحتاث
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road	6 6 C
	Plantation	FL 33324
If the limited liability company is not organized undeconfirmed 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 chathe members of the limited liability company or as of the operating agreement of the limited liability company or so the operating agreement of the limited liability company of a member of a unberized representative of a member	, the Florida street address of the reg e identical. Or, in the case of a Flori mge(s) was/were authorized by an af therwise provided in the articles of o	istered office da limited firmative vote of
BY = 5B Key, Inc. Manager, by 1	Mark Small, Director	
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 hereby confirm that the limited liability co By:	and agree to act in this capacity. I the proper and complete performant my position as registered agent as p to merely reflect a change in the re impany has been notified in writing t	further agree to se of my duties, rovided for in elstered office of this change
Signature of Registered Agent	•	•
Renee Cruz, Asstideoreta porporations, P.O. E	Box 6327, Tallabassee, FL 32314 EE: \$25.00	

9.015 - 05/20/00/3 Wilker Klever Chiles

INH818 (05/08)