

L11000092752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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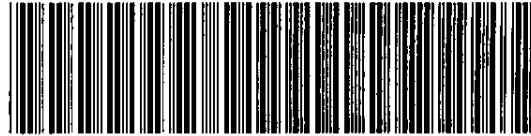
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

OCT 18 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SX, 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:

Ann Marie Rock

Name of Person

Tropico Management, LP

Firm/Company

RR 1 Box 9901

Address

Kingshill, VI 00850-9772

City/State and Zip Code

arock@tropicomgmt.com

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

For further information concerning this matter, please call:

Ann Marie Rock

Name of Person

at ( 340 )

719-6700 ext 125

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

2011 OCT 17 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# 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: SX, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

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

2600 S. Ocean Blvd, Suite 21F  
Boca Raton, FL 33432

(b) Mailing address of limited liability company: \_\_\_\_\_

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

PO Box 273369  
Boca Raton, FL 33427

August 11, 2011

L11000092752

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:

Mark Williams, AVP Business Filings Inc

Registered Office Address:

1203 Governors Square Blvd, Suite 101  
Tallahassee, FL 32301-2960

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

**NEW** Registered Agent:

Colleen Stacy Shapiro

**NEW** Registered Office Address:

2600 S. Ocean Blvd, Suite 21F

**(MUST BE FLORIDA STREET ADDRESS)**

Boca Raton FL 33432

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.

Colleen Stacy Shapiro

Signature of a member or authorized representative of a member

Colleen Stacy Shapiro

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 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.

Colleen Stacy Shapiro

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00