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- <u>-</u>	
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
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Special Instructions	to Filing Officer:
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COVER LETTER

Division of Corporations	
SUBJECT: SNSB Liw Name of I	Firm PULC Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Sophia NS Blair,	ESQ'
SNSB Law Firm, P	LLC
2701 W. Oakland	Park Blud. Ste 410-16
Oakland Park FL City/State and Zip Code	33311
Snsblaw @ gmaul. (a E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
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 amou	unt:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

i ibiima.		~	_
1. Name of	the limited liability company: SNSB (aw F	Frm, PLLC	<u></u>
2. (a) <u>27(</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	nited liability company: OST OFFICE BOX
	ste, 410-19	SATU	<u>IL</u>
<u>Ca</u>	kland Park, Fr. 33311		
Ű	06/27/2012 LI	2000082	2574
3.	Date of filing/registration in Florida 4.	Document numb	
()	COMA NS BLAV 54.0 red Agent and Registered Office shown on the records of the Florida Dept. of	State:	
Regist	red Office Address (MUST BE FLORIDA STREET ADDRESS)		
4	23 Eastridge Drive		17 SEI
R	mpano Beach, FL 33064	1_	100 (1989)
(b)	OPhia NS Blair, FSa.	(sarre)	30
	ame of NEW Registered Agent and/or NEW Registered Office address:		
2	701 W. Oakland Pk. Blu	nd.	7: 01 SIATE
<u>NEW</u>	Registered Office Address:		>
	Scute 410-14		
Ω	Kland Park .FL 33311		
the change or agent will be was/were aut	liability company is not organized under the laws of the State of changes are made, the Florida street address of the registered of identical. Or, in the case of a Florida limited liability company, norized by an affirmative vote of the members of the limited liability organization or the operating agreement of the limited liability	ffice and the business, it is hereby confirmed bility company or as	s office of the registered ed that the change(s)
2/91	LINB Q Sox	Mea NS	Blaur, Esa
-Signature of	member or authorized representative of a member	Printed or typed na	ne of signce
provisions of the obligation to merely refi notified in wr	pt the appointment as registered agent and agree to act in this all statutes relative to the proper and complete performance of s of my position as registered agent as provided for in Chapter ect a change in the registered office address, I hereby confirm titing of this change.	capacity. I further a my duties, and I am f 605, F.S. Or, if this hat the limited liabili	gree to comply with the amiliar with and accept document is being filed ty company has been
Signature of Re	gistered Agent		

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