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(Re	equestor's Name)					
(Address)						
(Address)						
(Ci	ty/State/Zip/Phone	: #)				
PICK-UP	☐ WAIT	MAIL MAIL				
(Bu	usiness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
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SECRETARY OF STATE
AND A SECRETARY OF STATE

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9432 N US Highway 1 Sebastian, FL 32958 Phone 772-646-0037 www.k12tax.com Fax 1-888-953-7890

August 13, 2015

Registration Section Division of Corporations P O Box 6327 Tallahassee, FL 32314

RE: SB Construction Services, LLC; Document # L15000096245

Please find enclosed a Statement of Change to change the Registered Agent for the referenced company. Also the mailing address has been changed to 449 Lanfair Ave, Sebastian, FL 32958.

Also be advised that the EIN is 47-4274025

Should you have any questions, feel free to contact our firm.

Thank you,

Thank you,

Laurel A Matthews

Office Manager

laurel@k12tax.com

Enc.

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: SB Construction Services 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:								
Laurel Matthews Name of Person								
K-12 Tax Services Inc Firm/Company								
9432 N. US Highway 1 Address								
Sebastian, FL 32958 City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Laurel A. Mathius at (772) 646-0037								
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section							
Division of Corporations	Division of Corporations							
Clifton Building	P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314							
Enclosed is a check for the following amount:								
\$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.

1 107 144.	•			1		
1. Name	of the limited liability company: SB Cons	struct	tion S	ervices	LL	<u></u>
	149 Lanfair Ave	(b)_				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)_		ailing address of li		
	449 Lanfair Ave		449	Lan fai	rA	ve
	Sebastian. FL 32958		Selba	istian.F	L 2	32458
	6/2/15	1_	1500(009624	5	
3.	Date of filing/registration in Florida	4.		Document num		
5. (a) <u>U</u>	United. States. Corporation Agen istered Agent and Registered Office shown on the records of the	ts In	اث			
Reg	istered Agent and Registered Office shown on the records of the	ne Florida Do	ept of State:			
_	istered Office Address (MUST BE FLORIDA STREET A	DDRESS)				
13	3302 Winding Oak Court					
	Tarupa , FL	334	سه ۱۵	ŦŢ	~:a	-
(b)	aurel A Matthews			SECRE	2815 AUG	T
Ente	er name of NEW Registered Agent and/or NEW Registered C	Office addre	SS:	TAR	ار 1	
1	K-12 Tax Services Inc			1.338 10.47	ם	
	W Registered Office Address:		····	OF STATE	ب ب	. ,
9	432 N. US Highwayl			RIDA	12	
	Sebastian , FL	320	158	**		
If the limite	ed liability company is not organized under the law	s of the St	ate of Flor	ida it is hereby	z confi	rmed that after
the change	or changes are made, the Florida street address of t	the registe	red office a	and the busines	s offic	e of the registered
was/were a	be identical. Or, in the case of a Florida limited lial uthorized by an affirmative vote of the members of of organization or the operating agreement of the I	the limite	d liability	company or as	otherv	vise provided in
Signature o	oly Bas 10 > of a Member or authorized representative of a member	<u> We</u>	sley	Bas Printed or typed na	of S	ignee
I hereby ac provisions the obligati to merely re	ccept the appointment as registered agent and agre of all statutes relative to the proper and complete p ions of my position as registered agent as provided effect a change in the registered office address. I have writing of this change.	e to act in	this canad	city I further o	oree t	o comply with the
Signature of	Registered Agent					