

L15000130114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

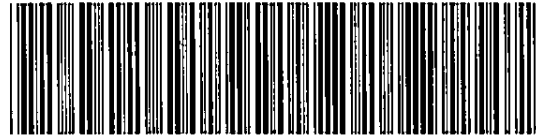
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300302702733

08/21/17--01034--028 **25.00

ILLINOIS STATE FILING

2017 AUG 21 P 4:14

FILED

n PRUCE
AUG 23 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Interiors by SBI, 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:

Sheryl Bleustein

Name of Person

Interiors by SBI, LLC

Firm/Company

333 Las Olas Way #2409

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

sheryl@sherylbleusteininteriors.com

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

For further information concerning this matter, please call:

Sheryl Bleustein

Name of Person

at

(954) 445-0897

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

FILED
2017 AUG 21 P 4:11
TALLAHASSEE, FLORIDA

**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: Interiors by SBI, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

333 Las Olas Way #2409

333 Las Olas Way #2409

Ft. Lauderdale, FL 33301

Ft. Lauderdale, FL 33301

7/30/2015

L15000130114

3. Date of filing/registration in Florida

4. Document number

5. (a) Denise Libby

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

Denise Libby

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3410 NW 110 Terrace

Coral Springs, FL 33065

(b) Sheryl Bleustein

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

Sheryl Bleustein

NEW Registered Office Address:

333 Las Olas Way #2409

Ft. Lauderdale, FL 33301

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.

Signature of a member or authorized representative of a member

Sheryl Bleustein

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.

Signature of Registered Agent