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SECRETARY OF STATE
TALLAHASSEL EL SATE

### . COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 5B MANAG	EMENT SERVICES, UC Limited Liability Company
Traine of	Elimited Elability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Name of Person	<u> </u>
SB MANAGEMENT SERVICES Firm/Company	, LLC
Firm/Company	
6707 N AOAH AVE,	
Address	
Trimper, FL 3'3604  City/State and Zip Code	
City/State and Zip Code	
RCONIG@SALTBLOCKHOSPITA	Lity-com
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	se call:
RYAN CONGLIARO a	(813) 431-3352
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 amo	ount:
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

ATTN: JUDY

#### COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SB MANAgement Senices LLC Name of Limited Liability Company		
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:		
Name of Person		
Name of Person		
CR MANSALLINE & Service LLC	≓.	2
5B MANAGEMENT Service LLC Firm/Company		917 A
	Y E	JUG 2
6707 N ADAH AVENUE Address	LAHASSEE, FLORID	2017 AUG 24 AM I.I: 92
TAMPA FlandA, 33604 City/State and Zip Code	- 32 20 20 20 20 20 20 20 20 20 20 20 20 20	 
	7:•	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		_
Name of Person at (873) 431-3357  Area Code & Daytime Telephon	ne Numb	er
STREET/COURIER ADDRESS:  MAILING ADDRESS:  Project main to Section		
Registration Section  Registration Section		

Enclosed is a check for the following amount:

□ \$25 Filing Fee

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

## 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.

Florida.	(2	AA	+ Sencer	LCC	
1. Name of the limited liability		<i>^</i>	3 January	AMA FC 35	674
2. (a) 670 7 N ADAH  Reincipal office address	Apple Tanger FC of limited liability company:  STREET ADDRESS)	53(07(b) //2	Box (SSI) (Amailing address of limited (Note: MAY BE POST	liability company:	- 1
1	Zalb gistration in Florida	4.	Document number	3	
6707 N A	ed Officeshown on the records  OALL AUTHOR  (MUST BE FLORIDA STRE	TAMPA	EC 33604		
(b) Coff Register of NEW Register NEW Registered Office Add	sherts red Agent and/or NEW Regist  ADAH Aven	FL	FC 73604		
If the limited liability compan	is not organized under t	, FLhe laws of the State of	f Florida, it is hereby o	onfirmed that after	d
If the limited liability company the change or changes are mad- agent will be identical. Or, in was/were authorized by an aff the articles of organization or	the case of a Florida limi	ted liability company, bers of the limited liab of the limited liability	it is hereby confirmed bility company or as of company.	therwise provided in	-
			Printed or typed name	e of signee	
Signature of a number or authorize I hereby accept the appointment of all statutes relative obligations of my position to merely reflect a change in notified in writing of his change in Signature of Registered Agent	ent as registered agent ar ive to the proper and con as registered agent as pr he registered office adur	nd agree to act in this aplete performance of ovided for in Chapter ess, I hereby confirm	capacity. I further ag Tny duties, and I am for 605, F.S. Or, if this a that the limited liabilit	ree to comply with the umiliar with and accep locument is being filed y company has been	e ot d

## 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. Na	me of the limited liability company: $5BM$	ANAGE	EMENT SERVICES, LCC
2 (a)	6707 N ADAH AVE	(b)	P.O. Box 15311
(/ .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (",-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	TAMPA, FL 33604	<b>-</b> -	TAMPA, FL 33684
			· · · · · · · · · · · · · · · · · · ·
	9/14/2016		L16000172490
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	RYANI CONIGLIARC		
	Registered Agent and Registered Office shown on the records of th	e Florida D	Dept. of State.
	6707 N ADAH AUE		
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	
	TAMPA, Bb		
		3360	NÚ
	FL_	5,000	<u> </u>
(b)	Scott ROBERTS		
(0)	Enter name of NEW Registered Agent and/or NEW Registered (	Office addre	ECSN:
	6707 N. ADAH AUE		
	NEW Registered Office Address:		
			<del></del>
	TAMPA .FL	336	.04
the cha agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the operating agreement of the li	he registe pility com the limite	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
			FYAN Con. GLIARO Printed or typed name of signee
	sec.of a member or authorized representative of a member	· · ·	
provision the oblination to member the contract the contract to the contract the co	oy accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided to reflect a change in the registered office address. I ha Linwriting of this change.	e to act in erforman for in Ch creby con	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been

gniture of Registered-Agent