

L16000172490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

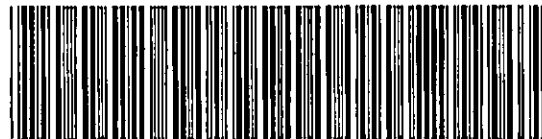
(Business Entity Name)

(Document Number)

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J.
8/24/17

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17 AUG 21 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SB MANAGEMENT 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:

RYAN CONIGLIARO
Name of Person

SB MANAGEMENT SERVICES, LLC
Firm/Company

6707 N ADAM AVE,
Address

TAMPA, FL 33604
City/State and Zip Code

RCONIG@SALTBLCKHOSPITALITY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN CONIGLIARO at (813) 431-3352
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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

ATTN: JUDY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SB Management 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:

Ryan Conigliaro
Name of Person

SB MANAGEMENT SERVICES LLC
Firm/Company

6707 N ADAH Avenue
Address

Tampa, Florida, 33604
City/State and Zip Code

Conigliaro@SAH+Block+Hospitality.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Conigliaro at (813) 431-3352
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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

RECEIVED
2017 AUG 24 AM 11:02
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: SB MANAGEMENT SERVICES LLC
2. (a) 6707 N ADAH Avenue Tampa FL 33604(b) P.O. Box 18311 Tampa FL 33614
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 09/14/2016 Date of filing/registration in Florida 4. L16000172490 Document number

5. (a) Ryan Conigliaro
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6707 N ADAH Avenue Tampa FL 33604
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

- (b) Scott Roberts
Enter name of NEW Registered Agent and/or NEW Registered Office address:

6707 N ADAH Avenue Tampa FL 33604
NEW Registered Office Address:

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]
Signature of a member or authorized representative of a member

Ryan Conigliaro
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]
Signature of Registered Agent

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

**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: SB MANAGEMENT SERVICES, LLC

2. (a) 6707 N ADAH AVE (b) P.O. Box 15311

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

TAMPA, FL 33604

TAMPA, FL 33684

3. 9/14/2016 Date of filing/registration in Florida 4. L16000172490 Document number

5. (a) RYAN CONIGLIARO
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

6707 N ADAH AVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL
33604

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

6707 N ADAH AVE
NEW Registered Office Address:

TAMPA FL 33604

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]
Signature of a member or authorized representative of a member

RYAN CONIGLIARO
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]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00