Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000129609 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this] page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.

Account Number : 120040000173 Phone : (407)298-4646

Fax Number : (407)297-0588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPOT OF LAND INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

FAX AUSTI 419 000 129 609 3

COVER LETTER

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clother Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$\square\$ \$55 \text{Filing Fee} \text{ Certified Copy}	TO: Registration Section Division of Corporations	
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: James K. Duert, CPA Name of Person Small Businesa Resources USA, Inc. Firm/Company 1601 Park Center Dr., Ste. 6A Address Orlando, Fl. 32835 City/State and Zip Code JimD@sbrorlando.com E-mail address: (to be used for future around report notification) For further information concerning this matter, please call: James K. Duert, CPA Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: D \$25 Piling Fee \$555 Filing Fee & Certified Copy	Spot of Land Investments, LLC	· · · · · · · · · · · · · · · · · · ·
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: James K. Duerr, CPA Name of Person Small Business Resources USA, Inc. Firm/Company 1601 Park Center Dr., Ste. 6A Address Orlando, FL 32835 City/State and Zip Code JimD@sbrorlando.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James K. Duerr, CPA Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: 21 \$25 Piling Fee \$\frac{1}{2}\$ \$55 Filing Fee & Certified Copy	Name o	f Limited Liability Company
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: James K. Duerr, CPA Name of Person Small Business Resources USA, Inc. Firm/Company 1601 Park Center Dr., Ste. 6A Address Orlando, FL 32835 City/State and Zip Code JimD@sbrorlando.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James K. Duerr, CPA Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: 21 \$25 Piling Fee \$\frac{1}{2}\$ \$55 Filing Fee & Certified Copy	Dear Sir or Madam:	
Please return all correspondence concerning this matter to the following: James K. Duert, CPA Name of Person Small Business Resources USA, Inc. Firm/Company 1601 Park Center Dr., Ste. 6A Address Orlando, Fl. 32835 City/State and Zip Code JimD@sbrorlando.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James K. Duerr, CPA Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$\Pi\$ \$55 Filing Fee & Certified Copy	The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Name of Person Small Businesa Resources USA, Inc. Firm/Company 1601 Park Center Dr., Ste. 6A Address Orlando, Fl. 32835 City/State and Zip Code JimD@sbrorlando.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James K. Duerr, CPA Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$\square\$ \$55 \text{Piling Fee} \text{ Certified Copy}		
Name of Person Small Businesa Resources USA, Inc. Firm/Company 1601 Park Center Dr., Ste. 6A Address Orlando, Fl. 32835 City/State and Zip Code JimD@sbrorlando.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James K. Duerr, CPA Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$\square\$ \$55 \text{Piling Fee} \text{ Certified Copy}		
Small Business Resources USA, Inc. Firm/Company 1601 Park Center Dr., Ste. 6A Address Orlando, Fl. 32835 City/State and Zip Code JimD@sbrorlando.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James K. Duerr, CPA Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: 2 \$25 Filing Fee Cartified Copy	James K. Duert, CPA	
Firm/Company 1601 Park Center Dr., Ste. 6A Address Orlando, Fl. 32835 City/State and Zip Code JimD@sbrorlando.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James K. Duerr, CPA Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: 2 \$25 Filing Fee City/State and Zip Code Address Address Address Address Address Address Available III Address MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Name of Person	•
Address Orlando, Fl. 32835 City/State and Zip Code JimD@sbrorlando.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James K. Duerr, CPA Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$\textsquare\textsq	Small Business Resources USA, Inc.	·
Orlando, Fl. 32835 City/State and Zip Code JimD@sbrorlando.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James K. Duerr, CPA Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: 12 \$25 Piling Fee U \$55 Filing Fee & Certified Copy	Firm/Company	
Orlando, FL 32835 City/State and Zip Code JimD@sbrorlando.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James K. Duerr, CPA Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: Z \$25 Filing Fee Circle Circle Circle Copy \$55 Filing Fee & Certified Copy	1601 Park Center Dr., Ste. 6A	1
City/State and Zip Code JimD@sbrorlando.com E-mail address: (to be used for future arnual report notification) For further information concerning this matter, please call: James K. Duerr, CPA Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: 2 \$25 Piling Fee U \$55 Piling Fee & Certified Copy	Address	,
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James K. Duerr, CPA Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$\square \text{\$\frac{1}{298-4846} \right }{\text{\$\frac{298-4846}{\text{\$\chince{1}}}}{\text{\$\chince{1}}}{	Orlando, Fl. 32835	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James K. Duerr, CPA Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton	City/State and Zip Code	
For further information concerning this matter, please call: James K. Duerr, CPA Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$\square\$ \$\frac{407}{\text{298-4646}} \frac{298-4646}{\text{407}} \] \$\square\$ Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	-	
James K. Duerr, CPA Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: 298-4846 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fiorida 32314 Enclosed is a check for the following amount:	E-mail address: (to be used for future annua	(report notification)
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 Enclosed is a check for the following amount: \$\int \text{355 Filing Fee} \text{ \$\int \text{555 Filing Fee & Certified Copy}}\$	For further information concerning this matter, pl	lease call:
Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Building Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$\square\$ \$25 \text{ Filing Fee} \text{ Certified Copy}	James K. Duerr, CPA	
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: 2 \$25 Filing Fee Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fiorida 32314 Tallahassee, Fiorida 32314	Name of Person	Area Code & Daytime Telephone Number
■ \$25 Filing Fee	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registration Section Division of Corporations P.O. Box 6327
	Enclosed is a check for the following a	mount:
INHS(8 (2/14)	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
· · · · · · · · · · · · · · · · · · ·	INHS18 (2/14)	

FAX AUDITH H 19000 129609 3

FAX AUDIT # H 19000 1296093

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.

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 1601 Park Center Drive NEW Registered Office Address: Suite 6A Orlando FL 32835 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirm the change or change are made the Florida affect address of the registered office and the business office	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Ste. 784713 Winter Garden, FL 34778 12/04/2017 L17000247384 3. Date of filing/registration in Florida 4. Document number James T. De La Rosa Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 15155 W. Colonial Dr. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Ste. 784713 Winter Garden FL 34778 Small Business Resources USA, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 1601 Park Center Drive NEW Registered Office Address: Suite 6A Orlando FL 32835 If the limited liability of many is not organized under the laws of the State of Florida, it is hereby confirm the change of change are made. The Florida safety address of the registered office and the business office	٧.
Winter Garden, FL 34778 12/04/2017 L17000247384 3. Date of filing/registration in Florida 4. Document number James T. De La Rosa Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 15155 W. Colonial Dr. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Ste. 784713 Winter Garden FL 34778 (b) Small Business Resources USA, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 1601 Park Center Drive NEW Registered Office Address: Suite 6A Orlando FL 32835 If the limited liability empany is not organized unfor the laws of the State of Florida, it is hereby confirm the chapter or change are made the Florida effect address of the registered office and the business office	
12/04/2017 Date of filing/registration in Florida James T. De La Rosa Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 15155 W. Colonial Dr. Registered Office Address (MUST BF FLORIDA STREET ADDRESS) Ste. 784713 Winter Garden FL 34778 (b) Small Business Resources USA, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 1601 Park Center Drive NEW Registered Office Address: Suite 6A Orlando FL 32835 If the limited liability empany is not espanized under the laws of the State of Florida, it is hereby confirm the absonce or change are made the Florida effect address of the registered office and the business office	
Date of filing/registration in Florida James T. De La Rosa Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 15155 W. Colonial Dr. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Ste. 784713 Winter Garden Small Business Resources USA, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 1601 Park Center Drive NEW Registered Office Address: Suite 6A Orlando If the limited liability ompany is not organized under the laws of the State of Florida, it is hereby confirm the change or change are made the Florida effect address of the registered office and the business office	
5. (a) James T. De La Rosa Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 15155 W. Colonial Dr. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Ste. 784713 Winter Garden Small Business Resources USA, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 1601 Park Center Drive NEW Registered Office Address: Suite 6A Orlando FL 32835 If the limited liability empany is not organized under the laws of the State of Florida, it is hereby confirm the change or change are made the Florida after address of the registered office and the business office	·
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 15155 W. Colonial Dr. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Ste. 784713 Winter Garden FL 34778 Small Business Resources USA, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 1601 Park Center Drive NEW Registered Office Address: Suite 6A Orlando FL 32835 If the limited liability empany is not organized the first address of the State of Florida, it is hereby confirm the change of change are made the Florida after address of the registered office and the business office	
Ste. 784713 Winter Garden Small Business Resources USA, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 1601 Park Center Drive NEW Registered Office Address: Suite 6A Orlando FL 32835 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirm the phases or change are made the Florida affect address of the registered office and the business office	
(b) Small Business Resources USA, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 1601 Park Center Drive NEW Registered Office Address: Suite 6A Orlando Orlando FL 32835 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirm the phases of change are made the Florida affect address of the registered office and the business office	
Enter name of NEW Registered Agent and/or NEW Registered Office address: 1601 Park Center Drive NEW Registered Office Address: Suite 6A Orlando FL 32835 If the limited liability empany is not organized under the laws of the State of Florida, it is hereby confirm the phases of change are made the Florida affect address of the registered office and the business office	
NEW Registered Office Address: Suite 6A Orlando FL 32835 If the limited liability empany is not organized under the laws of the State of Florida, it is hereby confirm the change or change are made the Florida effect address of the registered office and the business office	; o
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirm the change or change are made the Florida effect address of the registered office and the business office	
If the limited liability empany is not organized under the laws of the State of Florida, it is hereby confirm the change or change are mad, the Florida effect address of the registered office and the business office	
agent will be identical. Of, in the case of a Florida limited liability company, it is hereby confirmed that was/were authorized by an affirmative vote of the members of the limited liability company or as otherwithe articles of organization or the organization agreement of the limited liability company. James T De La Rosa	of the registered the change(s) ise provided in
Signature of a member or authorized recresentative of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of A member Printed Or type	nee
I fersby accept the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes politive to the proper and complete permance of my duties, and I am familiate obligations of my position-as registered agent as provided for in Chapter 605. F.S. Or, if this docume to merely reflect a change in the registered office address, I hereby confirm that the limited liability compaction of my writing of this change. Signature of Registered Agent	comply with the with and accep ent is being filed pany has been
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00	
FAX AUDIT # H190001296093	