2/21/2020

Division of Corporations



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.

(((H20000059413 3)))



H200000594133ABCY

	SO WILL ge	enerate another cover sheet.	<u> </u>
To:			8
	Division of Co	rporations	<del>-</del> 5
	Fax Number	: (850)617-6383	941
From:			F 0: 4
	Account Name	: INCORP SERVICES INC	115
	Account Number	: 120120000007	T = 1
	Phone	: (702)866-2500	1,1
	Fax Number	: (702)866-2689	

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

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## LLC REGISTERED AGENT CHANGE FOUNTAINHEAD SBF LLC

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Help

H200000594133 cover letter

	Registration Section Division of Corporations								
SUBJE	CT. Fountainhead SBF LLC								
GODGE		Name of Limited Liability Company							
Dear Si	r or Madam:								
The enc	closed Registered Agent/Registered Off	fice Char	nge and :	fee(s) are submitted for filing.					
Please r	eturn all correspondence concerning th	nis matte	r to the f	following:					
Georgi	ia Dorsam			_					
	Name of Person								
InCorp	Services, Inc.								
	Firm/Company			_					
3773 F	Howard Hughes Parkway, Suite 500	s _							
	Address								
Las Ve	egas, NV 89189-8014			· 					
	City/State and Zip Code								
	ents@incorp.com								
E-	mail address: (to be used for future an	nual repo	ort notifi	cation)					
For furt	ther information concerning this matter	, please	call:						
Georg	gia Dorsanı	at (	702	866-2500					
	Name of Person			Area Code & Daytime Telephone Number					
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314								
	Enclosed is a check for the following	g amoun	ıt:						
	2 \$25 Filing Fee		<b>□ \$</b> 5	5 Filing Fee & Certified Copy					
INHS18	(2/14)	43	000	000 59413 .3					

## H200000594133

## 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: Fountainhead	SBF	LLC				
		3216 West Lake Mary Blvd  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) 3216 West Lake Mary Blvd				
Σ.	(B)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Lake Mary, FL 32746		Lake Ma	iry, FL 32746			
		01/09/2018		L18000008	3067			
3.		Date of filing/registration in Florida	<b>–</b> 4.		Document number			
5	(a)	FOUNTAINHEAD COMMERCIAL CAPITAL LL	Ç		<b>20</b>			
٠.	(a)	Registered Agent and Registered Office shown on the records of		orida Dept. of State	20 <b>20 F</b>			
		3216 West Lake Mary Blvd						
		Registered Office Address (MUST BE FLORIDA STREET	ADDI	(ESS)	12 12 Paras			
		·						
		Lake Mary, F	L	32746	OFEB 24 AM 9: 5			
	<b>(b)</b>	InCorp Services, Inc.			FATE : 55			
	, -,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			• •			
		17888 67th Court North						
		NEW Registered Office Address:		****	•			
		Loxahatchee	 'L	33470	•			
th ag	e cha ent v as/w e art	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the liabili of the	registered office ty company, it is limited liabilit	s and the outsiness office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.			
	Signs	nure of a member or authorized representative of a member			Printed or typed name of signee			
I prother to	here ovis e ob mer tiffe	by accept the appointment as registered agent and a ions of all statules relative to the proper and completing of all statules relative to the proper and completing tions of my position as registered agent as providely reflect a change in the registered office address, it in writing of this change.	gree to le perj led for I here	o act in this cap formance of my in Chapter 602 by confirm that	activ. I juriner agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been			
,	X,L	re of Registered Agent Georgia Dorsam o	n beh	all of Incorp Se	rvices, inc.			
		Division of Cornerations P.O.	. Box	6327♦ Tallaha:	ssee, FL 32314			

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

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