

M04000004154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

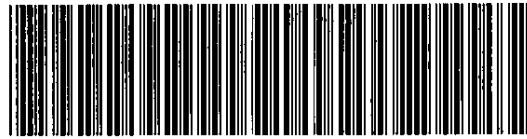
(Business Entity Name)

(Document Number)

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T. CLINE

JUL 14 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2011

RHONDA WEINDEL  
P.O. BOX 13092  
TUCSON, AZ 85732

SUBJECT: SMALLBIZ AGENTS, LLC  
Ref. Number: M04000004154

We have received your document for SMALLBIZ AGENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 211A000161

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SMALLBIZ AGENTS, 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:

RHONDA WEINDEL

(Name of Person)

SMALLBIZ AGENTS, LLC

(Firm/Company)

P.O. BOX 13092

(Address)

TUCSON, AZ 85732

(City/State and Zip Code)

For further information concerning this matter, please call:

RHONDA WEINDEL

(Name of Person)

at 520-326-5033

(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

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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: SMALLBIZ AGENTS, LLC

2. (a) Principal office address of limited liability company: 3938 E. GRANT RD. #453  
**(Note: MUST BE STREET ADDRESS)** TUCSON, AZ 85712

(b) Mailing address of limited liability company: P.O. BOX 13092, TUCSON, AZ 85732  
**(Note: MAY BE POST OFFICE BOX)**

09/30/2004 M04000004154

3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: BANNER, MICHAEL L


Registered Office Address: 4244 W. TENNESSEE ST. #185  
TALLAHASSEE FL 32313

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

**NEW** Registered Agent: \_\_\_\_\_

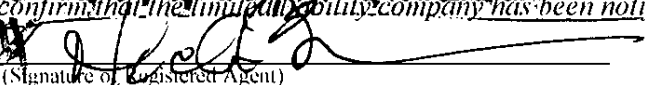
**NEW** Registered Office Address: 75 N. WOODWARD AVE #10000  
**(MUST BE FLORIDA STREET ADDRESS)** TALLAHASSEE, FL 32313

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)

MICHAEL BANNER  
(Printed or typed name of signee)

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 608, F.S. ~~Or, if my 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)

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