## MIL00000 0572

7								
(Re	questor's Name)							
(Ad	dress)							
(Ad	dress)	· •						
(City/State/Zip/Phone #)								
PICK-UP	WAIT	MAIL						
(Bu	siness Entity Nar	me)						
(Do	cument Number)							
Certified Copies	_ Certificates	s of Status						
Special Instructions to	Filing Officer:							
. ' !	· ·							

Office Use Only



000281436340

SECRETARY OF STATE ALLAHASSEE, FLORID

Sin market

DEPARTMENT OF STAFF

FEB 02 2016 J SHIVERS

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

2/1/16

NAME:

VIRGINIA KEY SMI, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

## COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: VIRGINIA KEY SMI, 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:							
CHRISTINA T. RODRIGUEZ							
Name of Person							
C/O HAYNES AND BOONE, LLP							
Firm/Company							
2323 VICTORY AVENUE, SUITE 700							
Address							
DALLAS, TEXAS 75219							
City/State and Zip Code							
dfiller@suntex.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
DAVID FILLER 305 707.8355							
Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building P.O. Box 6327 Clifton Building Tallahassee, Florida 32301							
Enclosed is a check for the following amount:							
□ \$25 Filing Fee							
INHS18 (2/14)							

## 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: VIRGINIA KEY	/ SMI, I	LC						
2.	(a)	17330 PRESTON ROAD, SUITE 220A (b) 17330 PRESTON ROAD, SUITE				SUITE 2	20A			
		Principal office address of limited liability company:	ompany:		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
		DALLAS, TEXAS 75252	(Note: MUST BE STREET ADDRESS)				S, TEXAS 75252			
		DALLAND TOLOZ	 	DALLAG	112/040 10202					
		JANUARY 19, 2016	1	V160000	00532					
3,		Date of filing/registration in Florida	4.		Document number	* **				
5	(a)	C T CORPORATION SYSTEM								
٥.	(4)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	:					
		1200 SOUTH PINE ISLAND ROAD				<u>≥</u> <u>∞</u>	_A-			
		Registered Office Address (MUST BE FLORIDA STREET A			CRE	6 FEB				
		PLANTATION , FL.	33324			TARY ASSE	1	lo Lo		
	(b)	DAVID FILLER				EF FOF		i i		
		Enter name of NEW Registered Agent and/or NEW Registered (	Mce add	ress:		0	ç	1,		
		1688 MERIDIAN AVENUE, SUITE 900				ATE RID/	To.			
		NEW Registered Office Address:								
		MIAMI BEACH , FL	33139							
the	cha: ont w	mited liability company is not organized under the law- nge or changes and made, the Florida street address of t vill be identical. Or in the case of a Florida limited lial are authorized by im affirmative vote of the members of cles of organization or the operating agreement of the li	the regist bility con the limi imited li	ered office mpany, it is ted liability ability com	and the business off hereby confirmed th	ice of the re at the chan	egistered ige(s)	I		
	•	ure of a member of authorized representative of a member	•		Printed or typed name of		··· ··· · · · · · · · · · · · · · · ·			
		by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my loostion as registered agent as provided by reflect a citalogy in the registered office address. This in willing of histehange	e to act i performa för in C ereby co	in this cape nee of my c hapter 605 nfirm that i	wity. I further agree tules, and I am fami F.S. Or, if this doo he limited liability ca	to comply liar with an ument is be ompany hai	with the ad accep ing filed s been	1		
aig	piidd	e of Register Agent	(125	. M-U-L	DI 39314					

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

INHS18 (2/14)