P06000099761

······	equestor's Name)	***
(rec	rquestoi s Mairie)	
(<u>\</u>	ldress)	
(70	101033)	
(Ar	idress)	
	idi Coo,	
(Ci	ty/State/Zip/Phone	e #)
•		•
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
`		
Special Instructions to	Filing Officer:	

Office Use Only



800079678318



09/13/06--01031--005 **35.00



Ro Change

August 24, 2006

Fl. Department of Corporation Department of State Division of Corporation Corporate Filings PO Box 6327 Tallahassee, FL 32314

RE: Change of address for incorporation

To Whom It May Concern:

In regards to our incorporation, SBE, Inc. we would like to have our address changed. The document # P06000099761. Principal address is now 175 Barrington Drive, Palm Coast, FL 32137, we would like it changed to 166 Barrington Drive, Palm Coast, FL 32137. Please mail any correspondence to 166 Barrington Drive, Palm Coast, FL 32137. Also enclosed please find a \$35.00 filing fee.

If you have any questions please do not hesitate to call.

Steve Cofone

Registered Agent

386-447-9199



September 1, 2006

Steve Cofone SBE, INC. 166 Barrington Drive Palm Coast, FL 32137

SUBJECT: SBE, INC.

Ref. Number: P06000099761

Please complete the enclosed change of registered office form and return it along with the \$35 filing fee. The principal/mailing address can also be changed on this form.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Letter Number: 206A00053545

Susan Payne Senior Section Administrator



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SBE Jac. (Name of Corporation)
DOCUMENT NUMBER: 20600099761
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steve Corne (Name of Contact Person) SBE Inc (Firm/Company)
Poulm Coast, FL 32137 (City/State and Zip Code)
For further information concerning this matter, please call:
Steve Cofone at (386) 931-Lele 05 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

از کرنسهاره

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: SBE, TNC,	
2. The principal office address: 166 Garrington PRive	
Palm Coast, FC 52137	
3. The mailing address (if different):	
•	
4. Date of incorporation/qualification: Document number:	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Steve CoFone	
175 Barrington Drive	
Ralm Coast, FL 32137	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	S
Steve Corone ST w F	
166 Barrington Drive To I	
(P.O. Box NOT acceptable)	TENER!
Tarn cast, FC 3213	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Scund E. Segane (Signature of an object or director) Thereby accept the appointment as registered egent and agree to act in this canacity	
(Signature of an officer or director) 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *