P16000037209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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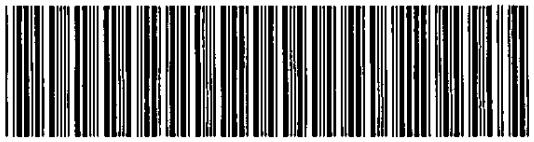

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2016 MAY -5 AM 8:11

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DEPARTMENT OF STATE
16 MAY -5 PM 12:00

MUST BE RETURNED TO ACKNOWLEDGE SUFFICIENCY OF FILING

sl/ca

CT Corporation System 515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

SBInternational Corp. P16000037209

( ) Nonprofit
( ) Foreign
() Limited Partnership
() LLC
() Certified Copy
() Call When Ready
(x) Walk In
() Mail Out
Name
Availability _____
Document
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

() Amendment
( ) Dissolution/Withdrawal
() Reinstatement
() Annual Report
( ) Name Registration
() Fictitious Name
() Photocopies
( ) Call If Problem
( ) Will Wait
5/5/2016
KM

() Merger
( ) Mark
(X) Other
Change of Agent
() UCC
() CUS
( ) After 4:30
(x) Pick Up
Order#:
9989565
Ref#:
Amount: $

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SBINTERNATIONAL CORP.
Name of Corporation

DOCUMENT NUMBER: P16000037209

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:

Thomas R. Spencer
Name of Contact Person

Thomas R. Spencer PA
Firm/Company

2655 Le Jeune Road, Suite 532
Address

Coral Gables, Florida 33190
City/State and Zip Code

tspencer@spencerpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas R. Spencer at (305) 7904715
Name of Contact Person — 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

CR2E045 (03/12)

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 Florida _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: SBINTERNATIONAL CORP.

2. The principal office address: 2655 LEJEUNE ROAD SUITE 532
CORAL GABLES, FL 33134

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/25/2016 Document number: P16000037209

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SPENCER, THOMAS R

2655 LE JEUNE ROAD SUITE 532 CORAL GABLES, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable

Plantation, Florida 33324

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, of the corporation has been notified in writing of the change.

Signature of an officer or director

Thomas R. Spencer, Assistant Secretary
Printed or typed name and title

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.

By: C T Corporation System
Signature of Registered Agent

5/4/16
Date

If signing on behalf of an entity:
Ternell Kearney Asst. Secretary
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)