

A1300000680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

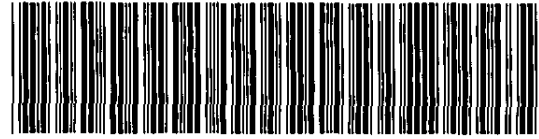
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100253927611

RECEIVED
DEPARTMENT OF STATE
13 DEC -5 2M 4:45

FILED
13 DEC -5 AM 10:49
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

13 DEC 2013
13 DEC 2013

✓

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: 12/5/13

NAME: SMICK FAMILY HOLDINGS, LLLP

TYPE OF FILING: CHANGE OF AGENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

RECEIVED
DEPARTMENT OF STATE
13 DEC - 5 PM W: 57

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. SMICK FAMILY HOLDINGS, LLLP.
Name of Limited Partnership or Limited Liability Limited Partnership

2. November 4, 2013 3. A13000000680
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

F & L CORP.
Name
ONE INDEPENDENT DRIVE, SUITE 1300
Address
JACKSONVILLE, FL 32202-5017
City, State and Zip

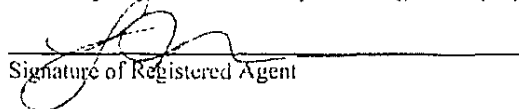
5. The name and Florida street address of the new registered agent and/or office:

National Corporate Research, Ltd., Inc.
Name
155 Office Plaza Drive
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
13 DEC -5 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA