## L07000114391

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(======,
(Document Number)
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Codified Conice Codificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Α' ΙΙΙΙ
A. LUNT
DEC <b>29</b> 2008
EXAMINER
— To the State of Sta

Office Use Only



300139240863

12/24/08--01025--007 \*\*25.00

James C. Roberts 8815 Conroy Windermere Road, #173 Orlando, FL 32835 December 22, 2008

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## To Whom It May Concern:

This letter is to correct the addresses on file in regards to SmartMouse LLC. Our current address is to be changed from 6996 Piazza Grande Ave., Suite 309, Orlando FL 32835. The new address is 8815 Conroy Windermere Road, #173, Orlando, FL 32835. Ham they registered agent and my address has changed as well. My old address is 3315 Parkchester Square Blvd., Unit 301, Orlando, FL 32835. My new address is 3250 Corona Village Way, Unit B08, Orlando, FL 32835.

Sinterely,

James C. Roberts

Member

Enclosure

## **COVER LETTER**

Division of Corporations					
SUBJECT: SmartMouse LLC (Name of Lim	nited Liability Company)	_	Ħ		
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this n	natter to the following:				
<i>,</i>					
James C. Roberts					
(Name of Person)					
	TAS	200			
SmartMouse LLC		30 8			
(Firm/Company)	P.Z.	2008 DEC 24 PM 12: 39			
		-F	ir		
8815 Conroy Windermere Road, #173		Ĭ			
(Address)	0.00	?; 3			
Orlando, FL 32835	- Dri	9			
(City/State and Zip Code)	-				
For further information concerning this matter, ple	ease call:				
James C. Roberts at (_	321 ) 251-7800 x5	_			
(Name of Person)	(Area Code & Daytime Telephone Number)				
CTREST/COURTED ADDRESS.	MAILING ADDRESS:				
STREET/COURIER ADDRESS: Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (5/08)

## 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: SmartMouse LLC			Ð
2. (a	<ul> <li>Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)</li> </ul>	#173	E E
	•	Orlando, FL 32835	E
(b	) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8815 Conroy Windermere Road #173	<b>₹</b>
		Orlando, FL 32835	. 🖽
		77000444004 TALL	
	3/2007	L07000114391 CO	77
3. D	ate of filing/registration in Florida	4. Document number	Param.
5. (	a) Registered Agent and Registered Office shown on	(J)	m
	Registered Agent:	ROBERTS, JAMES C	
	Registered Office Address:	3315 PARKCHESTER SQUARE BLVD 3315 PARKCHESTER	
		ORLANDO, FL 32835 US	<b>⊕</b>
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> :	W Registered Office address:  ROBERTS, JAMES C	Œ
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	#173 Orlando  # L 32835	E
that a office hered liabil	limited liability company is not organized under the after the change or changes are made, the Florida street of the registered agent will be identical. Or, in the copy confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company.  The of a member or authorized representative of a member)	t address of the registered office and the busine ase of a Florida limited liability company, it is	SS
(Print	s C. Roberts  ed or typed name of signee)  eby accept the appointment as registered agent and a  ly with the provisions of all statutes relative to the pri- miliar with and accept the obligations of my position  or, if this document is being fixed to merely reflect a  constant the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, as as registered agent as provided for in Chapter change in the registered office address, I hereby	nd I 608, v
	ture of Registered Agent)	i in writing of this change.	

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