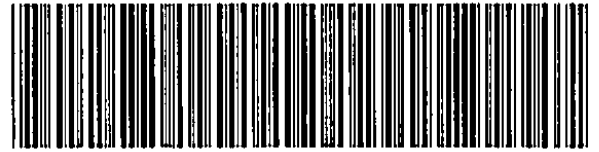


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smile Awhile Hemporium 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 Timson
Name of Person

Smile Awhile Hemporium LLC
Firm/Company

8725 SE 155th Place
Address

Summerfield, FL 34491
City/State and Zip Code

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

For further information concerning this matter, please call:

Christina Timson at (352) 693-6144
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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2019 FEB 11 A 9 58
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED AGENT OR BOTH 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. Name of the limited liability company: Smile Awhile Hemporium LLC

2. (a) 130 US Hwy 27/441 (b) 8725 se 155th Place

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)

Lady Lake, fl 32159

summerfield, fl 34491

1/24/19

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3. Date of filing/registration in Florida 4. Document number

5. (a) Northwest registered agent llc Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7901 4th st n,

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

suite 300

st petersburg, FL 33702

(b) Christina Timson Enter name of NEW Registered Agent and/or NEW Registered Office address:

8725 SE 155th Place

NEW Registered Office Address:

Summerfield, FL 34491

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that aft the change or changes are made, the Florida street address of the registered office and the business office of the regis agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise providec the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Christina Timson Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wit provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has be notified in writing of this change.

Signature of Registered Agent

FILED 2019 FEB 11 A 9 58 TALLAHASSEE, FLORIDA