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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

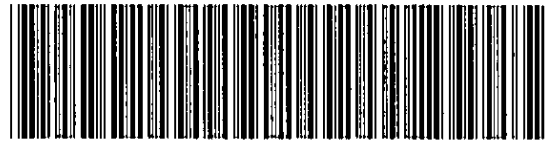
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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S. PRATHER

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: Smart Sod 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:

Steve A. McKown

Name of Person

Cross M Business Solutions, Inc.

Firm/Company

154 N Bridge St

Address

LaBelle, FL 33935

City/State and Zip Code

steve@cpamckown.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve A. McKown at (863) 599-0868

Name of Person Area Code & Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR 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: Smart Sod LLC

2. (a) <u>3358 SW County Rd 769, Arcadia, FL 34269</u> Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>3358 SW County Rd 769</u> <u>Arcadia, FL 34269</u>	(b) <u>3358 SW County Rd 769, Arcadia, FL 34269</u> Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>3358 SW County Rd 769</u> <u>Arcadia, FL 34269</u>
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3. <u>02/23/2022</u> Date of filing/registration in Florida	4. <u>L22000096111</u> Document number
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5. (a) BRUCKER, MICHAEL
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Brucker, Michael
 Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
3356 SW County Rd 769
Arcadia, FL 34269

(b) CROSS M BUSINESS SOLUTIONS, INC.
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Cross M Business Solutions, Inc. (Attn: Steve A. McKown)
NEW Registered Office Address:
154 N. Bridge St
LaBelle, FL 33935

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 SECRETARY OF STATE

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

 _____ Signature of a member or authorized representative of a member	Michael L. Brucker _____ Printed or typed name of signee
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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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



 Signature of Registered Agent