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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Smith Services Inc. Name of Corporation
DOCUMENT NUMBER: 480677
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:
Robert W. Blown Name of Contact Person  Smith Suvices Inc. Firm/Company
1306 29th Street Address
VIO BIACH FL 32960 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Grown at (772) 770-3300  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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation:	Smith services, Inc.
2. The principal office address:	1306 29th Street
	VUO Beach, FL 32960
3. The mailing address (if different):	:
4. Date of incorporation/qualification	on: 7/16/1975 Document number: 480677
5. The name and street address of the Florida Department of State: (If re	e current registered agent and registered office on file with the esigned, enter resigned)
<u>Kirk,</u>	William N.
979	Beachland Blud.
Velo	Beach, FL 32963
6. The name and street address of the (if changed):	the new registered agent (if changed) and /or registered office
Rob	et W. Blows
1306	P.O. Box NOT acceptable
	Beach, FL 32960
	office and the street address of the business office of its registered agent,
<u> </u>	solution duly adopted by its board of directors or by an officer so poration has been notified in writing of the change.
	Robert W Brown, Preside.  Printed or typed name and title
I further correct to comply with the r	registered agent and agree to act in this capacity. provisions of all statutes relative to the proper and complete n familiar with and accept the obligation of my position as registered g filed merely to reflect a change in the registered office address, I n has been notified in writing of this change.
Signature of Registered Agent	8/8/2013 Date

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