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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE SMITH'S INC., OF DOTHAN

Certificate of Status	0
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Help

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Alabama in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Smith's Inc., of Dothan
2. The principal office address: 488 Ross Clark Circle, Dothan AL, 36303
3. The mailing address (if different): P O Box 1207, Dothan, AL. 36302
4. Date of incorporation/qualification: 8/31/54 Document number: 818242
 The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
narwin_KGilmore
7300 N Hwy 1771
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): C T Corporation System
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324
The street address of its registered title and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by the partial duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been neithed in writing of the change.
Thomas C. Parks, President Signature of an officer or director Truncal or typical across und little
I hereby accept the appointment us Penisteria albent and ugree 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 dulies, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
By: 06.20.2018 Date
If signing on behalf of an entity: Brian Musiler Assistant Secretary
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)