## F1400000937

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## COVER LETTER

TO:

Amendment Section **Division of Corporations** 

Smooth Operators of Northwest FI, Inc.

Name of Corporation

F14000000937

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:

Angela F Mayer

Name of Contact Person

**Tropical Smoothie Cafe** 

8646 Navarre Parkway

Navarre, FL 32566

City/State and Zip Code

Karen@padsp.com

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

For further information concerning this matter, please call:

Karen C Allen

Name of Contact Person

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

CR2E045 (03/12)

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

statement of cha	nge is submitted for a corporation	n organized under the laws of the State of Florida n	a
		registered agent, or both, in the State of Florid	a.
1. The name of	the corporation: Smooth Ope	rators of Northwest FL, Inc.	
2. The principal	office address: 8646 Navarre	Pkwy	
Navarre,	FL 32566		
3. The mailing a	address (if different): 2390 Car	ver Avenue	
Atmore	, AL 36502	- Africa	
4. Date of incor	poration/qualification: 02/27/2	014 Document number: F1400000	000937
	d street address of the current registrement of State: (If resigned, enter	stered agent and registered office on file with the resigned)	•
	Angela F Mayer		
	7795 Rockhill Rd		
	Ponce De Leon, FL 324	55	묲
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered office	VISION OF THE
	Angela F Mayer		
•	8646 Navarre Pkwy		The state of the s
	Navarre, FL 32566	Box NOT acceptable	Tions
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its regi	stered agent,
Such change was	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an office seen notified in writing of the change.	er so
7 ales	re of an officer or director	Karen C Allen, Treasurer Printed or typed name and title	
nartarmanca at	mu autiee ana i am tamillar will	gent and agree to act in this capacity, all statutes relative to the proper and complete h and accept the obligation of my position as re to reflect a change in the registered office ada tified in writing of this change.	egisierea
Ingela	nature of Registered Agodi	12/29/2016	
If signing on be	half of an entity:		
Ť	yped or Printed Name		

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

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