

6/10/2015

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000140461 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : I20020000100
Phone : (305)944-9755
Fax Number : (888)401-1914

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
SMS CORPORATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FILED
15 JUN 10 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
15 JUN 10 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help JUN 10 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMS CORPORATION, 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:

ROBERT CLARK

Name of Person

Firm/Company

9900 STIRLING ROAD SUITE 219A

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

srinformation99@gmail.com

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

For further information concerning this matter, please call:

ROBERT CLARK

Name of Person

305

at ()

240-8208

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

INHS18 (2/14)

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FILED
15 JUN 10 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SMS CORPORATION, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
9900 STIRLING ROAD SUITE 219A
HOLLYWOOD FL, 33024

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
9900 STIRLING ROAD SUITE 219A
HOLLYWOOD FL, 33024

3. 01/27/2004 Date of filing/registration in Florida

4. L04000007087 Document number

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

SILVAS FINANCIAL SERVICES, L.L.C.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5220 S UNIVERSITY DR SUITE C-102
DAVE, FL 33328

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

ROBERT CLARK
NEW Registered Office Address:
9900 STIRLING ROAD SUITE 219A
HOLLYWOOD, FL 33024

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.

Robert Clark
Signature of a member or authorized representative of a member

ROBERT CLARK
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 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.

Robert Clark
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (2/14)

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