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(Address)
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(Business Entity Name)
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COVER LETTER <u>4</u>

TO:	Registration Section Division of Corporations				
SUBJECT:					
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				

Jimena G. Lopez

Name of Person

SMD Realty

-

Firm/Company

633 S Federal HYW 6th Floor

Address

Fort Lauderdale / FL 33301

City/State and Zip Code

jlopez@smdrealty.com

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

For further information concerning this matter, please call:

Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

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2 \$25 Filing Fee

S55 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.

. (a)	(b)					
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BOX</u>)			
	.02/18/2008		08000017411			
-	Date of filing/registration in Florida	4.	Document number			
. (a) Registered Agent and Registered Office shown on the records Eldon R. Hills Registered Office Address (MUST BE FLORIDA STREE 633 S Federal HYW		pt. of State:			
	Fort Lauderdale, I	-L_33301				
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addre	TALLAHASSE			
	John P. Nixdorf		FILED MILLAHASSEE FLORID			
	<u>NEW</u> Registered Office Address:					
	633 S Federal HYW		39			

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 you of the members of the limited liability company or as otherwise provided in the articles of organization the operating opprement of the limited liability company.

	WILLIAM R. SCHERER	
Signature of a member or authorized representative of a member	Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address, I her notified in writing of this change	to act in this capacity. I further agree to comply wi rformance of my duties, and I am familiar with and or in Chapter 605, F.S. Or, if this document is being eby confirm that the limited liability company has b	th the accept filed een
Signature of Registered Agent		
Division of Corporations P.O. Box	c 6327• Tallahassee, FL 32314	
FILING FEE	: \$25,00	