## L080000028313

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**EXAMINER** 



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## **COVER LETTER**

INHS18 (5/08)

TO: Registration Section Division of Corporations		
	ECHNOLOGIES, LLC imited Liability Company	
Name of L	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
Samantha Khan Name of Person  SMK Technologies LL Firm/Company  1530 Metropolitan Blvd Address  Tallahassee FL 3230  City/State and Zip Code  Spuckett@smktech.co  B-mail address: (to be used for future annual report not	Ste 208 8	
For further information concerning this matter, please call:		
Samartha Klain Name of Person	at 250 391-9564  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	

## FILED

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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:	SMR TECHNOLOGIES, LLC
2. (a) Principal office address of limited liability com	npany:
(Note: MUST BE STREET ADDRESS)	1530 METROPOLITAN BLVD. SUITE 208
	TALLAHASSEE FL 32308 US
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	1530 METROPOLITAN BLVD. SUITE 208
	TALLAHASSEE FL 32308 US
03/19/2008	L08000028313
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	KHAN, SAMANTHA M
Registered Office Address:	1530 METROPOLITAN BLVD. SUITE 208
	TALLAHASSEE FL 32308 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> <u>OMUST BE FLORIDA STREET ADDRESS</u> )	NEW Registered Office address:  InCorp Services, Inc.  17888 67th Court North  Loxabatchee  Registered Office address:
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be i liability company, it is hereby confirmed that the chang of the members of the limited liability company or as cor the operating agreement of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liability company or as confirmed that the change of the limited liabi	he Florida street address of the registered office identical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization
Printed or typed name of signee  I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapten 608, F.S. Or, if this document is being filed to address I hereby confirm that the limited liability com	and garee to get in this capacity. I further garee to

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