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(Requestor's Name)
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COVER LETYER

TO: Registration Section Division of Corporations			
Flow Smart Sebring LLC			
	me of Limited Liability C	Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	flice Change and fee(s) ar	e submitted for filing	
Please return all correspondence concerning	nis matter to the following	ğ:	
Nicole Puzukalics	ه مم		
Name of Person			
Flow Smart Schring LLC			
Firm/Company			
1355 US Hwy 1 unit 6			
Address	 		
Vero Beach Fl; 32960			
City/State and Zip Code			
Flowsmart@aol.com			
E-mail address: (to be used for future at	nual report notification)		
For further information concerning this matte	r, please call;		
Nicole Puzukalics	772 633-:	3326	
Name of Person		Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis The C 2415	t Address: ——. tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	
Enclosed is a check for the following	g amount:		
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2020

NICOLE PUZUKALIES 1355 US HWY 1 UNIT 6 VERO BEACH, FL 32960

SUBJECT: FLOW SMART SEBRING, LLC

Ref. Number: L08000109288

We have received your document for FLOW SMART SEBRING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must also contain the address of the registered agent which must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00012472

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Division of the polynomer will be a server

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.

1909 Woodford Rd Vienna Va. 22182	(b)	55 US Hwy 1 unit 6 Vero Beach Fl 32960	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)		
11/25/2008	£.08	000109288	
Date of filing/registration in Florida	- 4.	Document number	
John K. D. mayen			
Registered Agent and Registered Office shown on the records of t	he Florida Dep	t. of State:	3
1355 US Hwy 1 unit 6	,	·	7
Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		7020 J.J.
1355 US Hwy Lunit 6			2
VeroBeach	32060		7
VeroBeach , FL			70 ·
Jim Garrettson			
Enter name of NEW Registered Agent and/or NEW Registered	Office address		
275			
1355 US HWY!			
NEW Registered Office Address:			
revo Beach	220		
FL.	329		
imited liability company is not organized under the law			afte
or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia	registered of	fice and the business office of the regis	tered
ere authorized by an affirmative vote of the members of	f the limited	liability company or as otherwise provi	ided i
cles of organization or the operating agreement of the l			
ture of a member or authorized representative of a member	John K L		· · · · · · · · · · · · · · · · · · ·
· ·	لعستان معيد	Printed or typed name of signee	:
by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h	verformance	of my duties, and I am familiar with an	wun i id acc
igations of my position as position of agent as and	line in Chan	the KOS L' C Ou if this demand to be	: C.

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

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Signature of Registered Agent