## L090000 27010

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## COVER LETTER

Division of Corporations		
	leria Smith, LLC ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Cody J Smith	∑ 4 4 50 650 650 650 650 650 650 650 650 650	
Name of Person	ALLAHASSEE TESKIS	
Scuderia Smith, LLC		
Firm/Company	PHI	
2611 Technology Drive		
Address	7	
Orlando, FL 32804 City/State and Zip Code		
cody@tpcflorida.com  E-mail address: (to be used for future annual report notific		
For further information concerning this matter, p		
Cody J Smith at		
Name of Person	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	

**TO:** Registration Section

## 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.

Name of the limited liability company:	Scuderia Smith, LLC
2. (a) Principal office address of limited liability company	2611 Technology Drive
(Note: MUST BE STREET ADDRESS)	Orlando, FL 32804
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	The state of the s
(NOR: MAT BE FOST OFFICE BOX)	
03/19/2009	L09000027010
	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Timothy Smith
Registered Office Address:	2500 Maitland Center Parkway Suite 311E Orlando, FL 32751
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:	V Registered Office address:  Cody J Smith
NEW Registered Office Address:	2611 Technology Drive
(MUST BE FLORIDA STREET ADDRESS)	Orlando ,FL32804
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Cody J Smith  Printed or typed name of signee	-
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my pose Chapter 608, F.S. Or, if this document is being filed to mer address, Lhereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

Signature of Registered Agent