## L09000098860

(Re	equestor's Name)	<u> </u>
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Ви	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
Office Use Only		



100265498801

10/16/14--01031--009 \*\*25.00

14 007 16 PM 4-42

Ba change

## **COVER LETTER**

TO: Registration Section Division of Corporations	
B. Smith Colorado Springs, L	_LC
	e of Limited 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:
Lisa Scarabino	
Name of Person	
CBIZ	
Firm/Company	
1675 N. Military Trail, Fifth Floor	
Address	
Boca Raton, FL 33486	
City/State and Zip Code	
lscarabino@cbiz.com	
E-mail address: (to be used for future annu	nal report notification)
For further information concerning this matter, p	please call:
Lisa Scarabino	561 922-6111
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 a	amount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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. N	ame of the limited liability company: B. Smith Col	lorado Sp	orings, LLC		
2. (a)	c/o CBIZ Mike Fisher	(b)	(b) c/o CBIZ Mike Fisher		
( <del></del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1675 N. Military Trail, Fifth Floor		1675 N. Military Trail, Fifth Floor		
	Boca Raton, FL 33486	- <del>-</del>	Boca Raton, FL 33486		
	10/09/14	L	L09000098860		
3.	Date of filing/registration in Florida	— <sub>4.</sub>	Document number		
5. (a)					
0. (u)	Registered Agent and Registered Office shown on the records of	f the Florida I	Dept. of State:		
	Corporate Creations Network Inc.				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	11380 Prosperity Farms Road #221E				
	Palm Beach Gardens, , FI	L33410			
			14 OC:		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add			
	Enter thank of MEW Registered Agent and/or MEW Registered	u Office addi	<u>∰</u>		
	Michael Fisher, CPA				
	NEW Registered Office Address:				
	1675 N. Military Trail, Fifth Floor				
	Boca Raton	<sub>L</sub> 33486			
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members	f the segist iability con of the limit	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in		
ine art	icles of organization or the oberating agreement of the		ability company. nael Fisher		
Signa	ature of a member of authorized representative of a member	IVIICI	Printed or typed name of signee		
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely effect a change in the registered office address, I din writing of this change.	ree to act i e performa ed for in Cl hereby cor	in this capacity. I further agree to comply with the		
Signatu	ire of Registered Agent				