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EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporation	ns						
SUBJ	SUBJECT: SMARTCARDZ ENTERPRISES, LLC Name of Limited Liability Company							
Dear S	Sir or Madam:							
The er	nclosed Registered Ager	nt/Registered O	ffice C	Change a	ınd fee(s) are submitted for filing	ıg.	
Please	return all corresponden	ce concerning	this ma	atter to t	he follo	wing:		
	Marilyn Sanche Name of I		q.		-	•		
	Firm/Com	pany			-			
	P.O. Box Address				.			
	Coconut Grove City/State and		33		.			
E-	msanchezosori mail address: (to be used for fu	o@yahoo.col	n otificatio	n)	-			
For fu	rther information conce	ming this matte	er, plea	se call:				
	Brenda I. Peabo	dy	_ at (305)	798-7353		
Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Building Tallahassee, Florida 32301 Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314								
,	Enclosed is a check for	or the followin	ig amo	unt:				
\$25 Filing Fee				\$55 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 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. SmartCardz Enterprises, LLC 1. Name of the limited liability company: _ 250 Catalonia Avenue 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 607 Coral Gables, Florida 33134 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 07/26/2010 L10000078615 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: The Law Offices of Marilyn Sanchez-Osc 250 Catalonia Avenue, Suite 607 Registered Office Address: Coral Gables, FL 33134 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Brenda I. Peabody **NEW** Registered Agent: 3174 SW 32nd Avenue **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Miami 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 vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. ignature of a member or authorized representative of a member Brenda I. Peabody Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. nature of Registered Ager

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

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