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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	SMART	BATTERY Name of Limited Liab	LLC ility Company	
Dear Sir or M	adam:			
The enclosed	Registered Agent/Registere	ed Office Change and fee	e(s) are submitted for filing.	
Please return a	all correspondence concern	ing this matter to the fol	lowing:	
BR	Name of Person	DREW, MG	R + REGISTERED	AGENT
	Firm/Company			
210	BAYSIDE 1	DR	-	
	City/State and Zip C			
E-mail a	rewa@amail	re annual report notifica	tion)	
For further inf	formation concerning this r	natter, please call;		
BRUG	Name of Person) 456 - 4987 Area Code & Daytime Telephone Nu	ımber
Regis Divis P.O.	ing Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303)
Enclo	osed is a check for the foll	owing amount:		
⊠ \$2:	5 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. Na. 2. (a)	me of the limited liability company: SMART BATTE 270 BAYSIDE DR Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	BAYSIDE Mailing address of limite (Note: MAY BE POS	ed liability company:
3. 5. (a)	Date of filing/registration in Florida HAYES, GEORGE L, 111	RWATER 100012608 Document number	FC 33767
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 3637 47h St N, Suite 200 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) St. Peters burg FL 33704 BRUCF DANIDDEW	e: 	FILED SECRETARY OF 2023 MAY 10 AM
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: 100 N HERCULES DR NEW Registered Office Address:	-	D OF STALE PROBATION :
change agent w was/we the arti-	mited liability company is not organized under the laws of the State of Floror changes are made, the Florida street address of the registered office and fill be identical. Or, in the case of a Florida limited liability company, it is the authorized by an affirmative vote of the members of the limited liability company or the operating agreement of the limited liability company are of a member.	d the business office s hereby confirmed y company or as oth apany.	e of the registered that the change(s) nerwise provided in

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 605, 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.

Signature of Registered Agent