L12 0000 69567

-
(Requestor's Name)
(Address)
(Address)
(Cit. (Ch.) Cit. (Dh.) - 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500314882295

06/25/18--01033--005 **25.60

2018 JUN 25 JUN 8: 01

J. HARRIE

COVER LETTER

TO: Registration Section

Division o	of Corporations				
SM.	A2				
SUBJECT:	Name of Limited Liability Company				
Dear Sir or Mada	n:				
The enclosed Reg	istered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.		
Please return all e	orrespondence concerning th	is matter to the fo	ollowing:		
Russell Latime	r				
	Name of Person		_		
SMA2					
	Firm/Company		_		
9918 Kingshyr	e Way				
	Address		_		
Tampa, FL 336	547-3121				
	City/State and Zip Code		_		
rslatimer@aol.	com				
E-mail addre	ess: (to be used for future ann	ual report notific	ation)		
For further inform	nation concerning this matter,	please call:			
Russell Latime	r	813 at (388-2727 or 443-995-7074		
N	ame of Person		Area Code & Daytime Telephone Number		
Registrati Division o Clifton Bi 2661 Exec	/COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ee, Florida 32301	Regi Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed	is a check for the following	amount:			
☑ \$25 Fil	ing 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.

(a)	SMA2	(b) SM	IA2	
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	("/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	5203 BAYSHORE BLVD. #5	520	3 BAYSHORE BLVD. #5	
	TAMPA, FL. US 33611	TAN	MPA, FL. US 33611	
	May 23, 2012	L12000069567		
	Date of filing/registration in Florida	4.	Document number	
(a)	TIFFANY RUSSELL			
(4)	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:	
	UNITED STATES CORPORATION AGENT	TS, INC.		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)		
	13302 WINDING OAK COURT SUITE A		2	
	TAMPA	33612	20	
(b)	RUSSELL LATIMER		2.5 paner	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:		
	SMA2 LLC		a	
	NEW Registered Office Address:	··-		
	9918 KINGSHYRE WAY			
	TAMPA	33647-3121	1	
ie li	imited liability company is not organized under the la	aws of the State	of Florida, it is hereby confirmed that after	
nt v /we	nge or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	liability compan of the limited li	iy, it is hereby confirmed that the change(s) iability company or as otherwise provided in	
7 F,	makana Anding		ANCE LATIMER, MGRM	
	ハリアコレル・トレレスシー・ト・ト・ト・スペイン・ナブノノープ			

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