1/3000/53537

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STATE OF CORPORATION
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P. Holding

COVER LETTER

TO:

TO:	Registration Section Division of Corporations						
SUBJE	SMART BUILDING FL	SMART BUILDING FLORIDA, LLC					
SOLUT		Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registere	ed Office Change	e and fee(s) are submitted for filing.				
Please	return all correspondence concern	ing this matter to	o the following:				
Linds	ey C. Brock III, Esq.						
	Name of Person						
Rumr	rell, McLeod & Brock, PLLC						
	Firm/Company						
9995	Gate Parkway N., Suite 400						
	Address						
Jacks	sonville, FL 32246						
	City/State and Zip C	ode					
lindse	ey@rumrelllaw.com						
E	-mail address: (to be used for futu	re annual report n	notification)				
For fur	ther information concerning this n	natter, please call:	11:				
Linds	ey C. Brock III	904 at (4 996-1100				
	Name of Person	w \	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	SS:	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				
INHS18	8 (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	me of the limited liability company: SMART BUILD	ING	FLORIDA, I	_LC		
	ζ, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (ailing address of limited liab		
		3001 N ROCKY POINT DRIVE E, SUITE 200)	4800 HAN	MPDEN LANE, SUI	TE 20	0
		TAMPA, FL 33607	•	BETHES	DA, MD 20814		
		10/31/2013		L13000153	3537		
3.		Date of filing/registration in Florida	4.	Ι	Document number		
5.	(a)						
	` '	Registered Agent and Registered Office shown on the records of the	Florid	a Dept. of State:			
		RUMRELL, MCLEOD & BROCK, PLLC					
		Registered Office Address (MUST BE FLORIDA STREET AD	DRES	<u>s)</u>		17 F	
		24 CATHEDRAL PLACE, SUITE 504				8	
		ST. AUGUSTINE , FL 3	2084	ŀ		24	
		,, 12		*		70	물수.
	(b)						STA ATS
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice ad	<u>ldress</u> :		03	STATE
		LINDSEY C. BROCK III					**:
		NEW Registered Office Address:		_			
		9995 GATE PARKWAY N., SUITE 400					
		JACKSONVILLE , FL 3	2246	<u> </u>			
the age wa	cha ent w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	ne regi ility co the lin mited	istered office a ompany, it is l nited liability liability comp	and the business office hereby confirmed that to company or as otherwinany.	of the the	registered nge(s)
_	tonat	ure of a member or authorized representative of a member	Lin	ndsey C. Bro	OCK III Printed or typed name of sig	nee	
I h pro the to not	erel ovision obli mere rified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I he is more than a finite change in the stange of the stan	e to ac erform for in (reby c	et in this cana	oity. I further garee to	compli	with the nd accept eing filed is been
للجسي	_t eratul	e of Registered Agent					

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