## U400050623

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

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SLORETARY OF STATE
TALLAHASSEE, FLORIDA

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T. LEMIEUX

## **COVER LETTER**

Division of Corpo	orations		
Smith Francisus	chise Services, LLC		
	Name of Co	orporation	
DOCUMENT NUMBER	L14000050623		
	f Change of Registered Office	e/Agent and fee a	re submitted for filing.
Please return all correspon	ndence concerning this matter	to the following	:
Emily A	Al-Jadaan		
	Name of Con	tact Person	
Smith	n Franchise Services, LL	С	
	Firm/Co	mpany	
54 Rile	ey Road		
<del></del>	Addr	ess	<del></del>
Celet	oration, FL 34747		
<del></del>	City/State an	d Zip Code	<u>.</u>
celebra	ation.tsc@gmail.com		
E-mai	address: (to be used for fu	iture annual rep	ort notification)
For further information co	oncerning this matter, please o	all:	
Emily Al-Jadaan		407	346-5268
Name of C	ontact Person	at ( Area Code	& Daytime Telephone Number
Enclosed is a \$35.00 chec	k made payable to the Depart	ment of State.	
	Iailing Address: mendment Section vivision of Corporations	Ameno	Address: Iment Section on of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of cha in orde	nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
	Smith Franchise Services LLC
1. The name of	the corporation:  54 Riley Road, Celebration, Fl. 34747
2. The principal	office address:
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification:
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	1249 Castle Pines Court, Reunion, Fl 34747
	Registered Agent: Emily Al-Jadaan
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office  54 Riley Road, Celebration, FL 34747
	Registered Agent (same): Emily Al-Jadaan
	P.O Box NOT acceptable
	FLO FLO
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Gal.	Jada Emily Al-Jadaan Manager  Printed or typed name and file
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
<u> </u>	1-Jadaa 1415 nature of Registered Agent Date
	half of an entity:
Т	yped or Printed Name
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)