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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	





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D. BRUCE SEP 28 2016

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: SOCIA Media Na	Management and Solutions, LLC ume of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
BethMiller		
Name of Person		
Social Media Manag	gement and Solutions, LLC	
12110 Colony Pres	one bive	
Boynton Beach F City/State and Zip Code	f T	
E-mail address: (to be used for future a	nnual report notification)	
For further information concerning this matter	er, please call:	
Beth Miller	at (561) 703 5910	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
\$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 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: Social Media Management and Solutions, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 210 CO DOUBLESENCE DY. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Boynton Beach, R_33436 Boynton Beach F2 33436
	09/08/2014 43/16
3.5. (a)	Date of filing/registration in Florida 4. Document number Steven R. Braten Clo Steven R. Braten, PA
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	4800 N. Federal Hahway 307 D Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Boca Raton , FL 33431
(b)	Beth A. Miller
•	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	12110 Colony Preserve prive
	NEW Registered Office Address:
	Boynton Beach, FL 33436
	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
agent v	inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
	Blud Bett A. Miller ture of a member or authorized representative of a member Printed or typed name of signee
_	
the obtained to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.
Signatu	re of Registered Agent

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