L15000010857

| (Requestor's Name) | | | | | | |
|---|-------------------|------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (Cit | y/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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16 MAR - 7 AM 8: 81 SECRETARY OF STATE ALLAHASSEE FLORIDA



February 9, 2016

JENNIFER NASER 2170 SW 19TH TERR MIAMI, FL 33145

SUBJECT: SMITH NASER INTERIORS, LLC

Ref. Number: L15000010853

We have received your document for SMITH NASER INTERIORS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 916A00002731

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

COVER LETTER. •

TO: Amendment Section Division of Corporations

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SUBJECT: Smith Naser Interiors
Name of Corporation
DOCUMENT NUMBER: L15000010853

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Smith Naser

Name of Contact Person

Smith Naser Interiors

Firm/Company

2170 SW 19th Terrace

Address

Miami, FL 33145

City/State and Zip Code

stilljenx@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Smith Naser
Name of Contact Person

at (786) 208-1161
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| Floride | ame of the limited liability company: SuTL | NA | SDC IN | LTDEIC | xs |
|------------------------------------|--|-------------------------------------|---|---|---|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2170 SW 1974 TERLA MALI, FL 33145 | (| 217C | ailing address o | flimited liability company: E POST OFFICE BOX) 19TH TOLLAU 33145 |
| 3. | Date of filing/registration in Florida | 4. | | Document nu | |
| 5. (a) | Registered Agent and Registered Office shown on the records of the COCP AGD TS 1 Registered Office Address (MUST BE FLORIDA STREET) 13302 WINDING OF TAURA , F | ADDRESS L ad Office an | SULT BL12 | | 16 MAR - 7 AM 8: 8 SECRETARY OF STATE TALL-AHASSEE, FLORIDA |
| | Mssuce, F | L <u>33</u> 1 | 45 | | |
| the cha agent was/we the art | limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ature of a member or authorized representative of a member or authorized representative of a member or accept the appointment as registered agent and agions of all statutes relative to the proper and completely reflect a change in the registered office address. | of the regliability cof the limited | stered office company, it is nited liability comp | and the busir hereby confine company or pany. Printed or typed city. I further | ness office of the registered rmed that the change(s) as otherwise provided in I name of signee |

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

Signature of Registered Agent