

L15 000 016028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

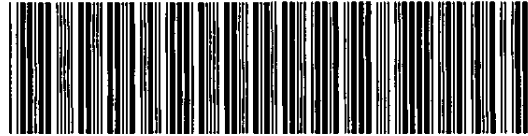
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300275040723

07/16/15--01008--001 **25.00

FILED
15 JUL 16 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 17 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMARTEK DESIGN, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISRAEL BARBOSA DE ALMEIDA

Name of Person

SMARTEK DESIGN, LLC

Firm/Company

101 PALM HARBOR PKWY, APT 307A

Address

PALM COAST FL, 32137

City/State and Zip Code

israel@optmedia.net

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

For further information concerning this matter, please call:

CAIO ANDERSON BARBOSA ALMEIDA at (847) 9095271

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 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. Name of the limited liability company: SMARTEK DESIGN, LLC

2. (a) SMARTEK DESIGN, LLC (b) SMARTEK DESIGN, LLC

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

101 PALM HARBOR PKWY, APT 307A

PALM COAST FL, 32137

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

101 PALM HARBOR PKWY, APT 307A

PALM COAST FL, 32137

JANUARY 27, 2015

L15000016028

3. Date of filing/registration in Florida

4. Document number

5. (a) ELIZABETH A SMITH

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CORPORATION SERVICE COMPANY

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1201 HAYS STREET

TALLAHASSEE, FL 32301

(b) ISRAEL BARBOSA DE ALMEIDA

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

SMARTEK DESIGN, LLC

NEW Registered Office Address:

101 PALM HARBOR PKWY, APT 307A

PALM COAST, FL 32137

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Israel Barbosa de Almeida
Signature of a member or authorized representative of a member

ISRAEL BARBOSA DE ALMEIDA

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Israel Barbosa de Almeida
Signature of Registered Agent

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

FILED
15 JUL 16 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA