## L15000017987

(Re	questor's Name)	<u></u>		
<b>(</b> -1-	· · · · · · · · · · · · · · · · · · ·			
(Add	dress)	<del></del>		
(Address)				
(Cit	y/State/Zip/Phone	<del>(</del> *)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name	e)		
(D-	anna and Bloomba A			
(00	cument Number)			
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				
		,		

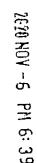
Office Use Only

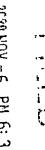


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11.98/20--01015--018 ++25.00

9EC 14 2020 S. YOUNG





## **COVER LETTER**

TO: Registration Se Division of Co			•
AT 8 1 4 5 4 4 5 1 AT AT AT A STATE OF THE S	nart Capital LLC		
		of Limited Lia	ibility Company
Dear Sir or Madam:			
The enclosed Registere	d Agent/Registered Office	Change and f	ee(s) are submitted for filing.
Please return all corres	pondence concerning this r	matter to the fo	ollowing:
Peter Barabash			
	Name of Person		_
Finmax Smart Capital LI	LC		
	Firm/Company		_
3900 Woodlake Blvd Sto	: 305		
	Address		_
Greenacres FL 33463			
Ci	ty/State and Zip Code		_
sgoins@centurytel.net			
E-mail address: (	to be used for future annua	l report notific	cation)
For further information	concerning this matter, pl	ease call:	
Terri Goins		253 at (	851-3531
Name	of Person		Area Code & Daytime Telephone Number
Mailing Add Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 7		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a	check for the following a	mount:	
■ \$25 Filing F	<sup>2</sup> ee	<b>□</b> \$5	5 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.

l. }	Name of the limited liability company: Finmax Smart Ca	pital LLC	
2. (a	3900 Woodlake Blvd Ste 305 Greenacres FL 33463	(b) 3900 Woo	odlake Blvd Ste 305 Greenacres FL 33463
Σ. (α	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	01/29/2015	L15000017	987
3.	Date of filing/registration in Florida	4.	Document number
5. (	a) Valerii Boiko		_
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  15151 Banbury Way		_
		22414	2628 HOV
	Wellington , Fl.	33414	
			- m
(t	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	PH 6: 39
	NEW Registered Office Address:		_
	3900 Woodlake Blvd Ste 305		·-
	West Palm Beach FL	33463	_
chan agen was/	e limited liability company is not organized under the law ge or changes are made, the Florida street address of the t will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the	registered office an ability company, it i of the limited liabilit	Id the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
		Valerii Boiko	
_	nature of a member or authorized representative of a member		Printed or typed name of signee
prov the o to m notif	reby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete obligations of my position as registered agent as provide erely reflect a change in the registered office address, I liked in writing of this change	performance of my	duties, and I am familiar with and accept
Sign	ature of Registered Agent		
	Division of Corporations P.O.	Box 6327• Tallaha	ssee, FL 32314

FILING FEE: \$25.00

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