(Requestor's Name)							
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(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	SMILEY ALL AROUND SERVICES LLC SUBJECT:							
Name of Limited Liability Company								
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Office	e Change and fe	e(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:								
KIMBE	RLY FLEMING							
	Name of Person		•					
SMILE	Y ALL AROUND SERVICES LLC							
	Firm/Company		•					
9314 0	GRANDFIELD RD APT B							
	Address		•					
THON	OTOSASSA, FLORIDA 33592							
	City/State and Zip Code		•					
	ingkms@aol.com	,						
E	-mail address: (to be used for future annua	al report notifica	tion)					
For further information concerning this matter, please call:								
KIMBE	RLY FLEMING	813 at (516-8271)					
	Name of Person		Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS:	MAI	LING ADDRESS:					
			tration Section					
	Division of Corporations	ion of Corporations						
	Clifton Building	Box 6327						
			hassee, Florida 32314					
	Tallahassee, Florida 32301							
	Enclosed is a check for the following amount:							
	№ \$25 Filing Fee	\$55	Filing Fee & Certified Copy					

INHS18 (2/14)

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	une of the limited liability company: SMILEY ALL ARO	UND SI	ERVICES LI	LC	
2.	(a)	9314 GRANDFIELD RD APT B	(3840 S.	78TH STREET	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability of (Note: MAY BE POST OFFICE	
		THONOTOSASSA, FLORIDA 33592	<u></u>	TAMPA,	FLORIDA 33619	
		04/29/15	-	L1500007	5613	
3.		Date of filing/registration in Florida	4.	1	Document number	
(b)		Registered Agent and Registered Office shown on the records of the ROBERT D SMILEY Registered Office Address (MUST BE FLORIDA STREET A) 9314 GRANDFIELD RD APT B THONOTOSASSA, FL_ Enter name of NEW Registered Agent and/or NEW Registered of NEW Registered Office Address: 3840 S. 78TH STREET	<i>DDRES</i> 33592	· S)	FILED STATE OF STATE	
			33619	<u> </u>		,
the age the I	e cha ent v is/we e arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited of a member or authorized representative of a member by accept the appointment as registered agent and agree	the reg bility of f the lin limited RC	istered off company, inited liability contains BERT D SM	ice and the business office of the tis hereby confirmed that the colity company or as otherwise prompany. MILEY Printed or typed name of signee apacity. I further agree to company.	ne registered hange(s) rovided in
pr th to no	ovisi e obl merc tified	ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I have been supposed this change with the change with the conference of Registered Agent	perform	nance of m	iv duties and Lam familiar with	h and accent

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