L15CCC 13C 8C3

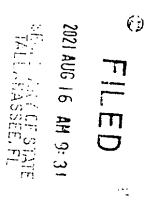
(Requestor's Name)							
(Address)							
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(City	//State/Zip/Phor	ne #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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J.S.

COVER LETTER

r 1

Po: Registration Section Division of Corporations		
Smith Realty of Panama City, L		
<u></u>	Name of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	l Office Change and	fee(s) are submitted for filing.
Please return all correspondence concernit	ng this matter to the	following:
Christina Finley		
Name of Person		· · · · · · · · · · · · · · · · · · ·
Smith Realty of Panama City LLC		
Firm/Company		
5413 Hickory St		
Address		
Panama City, FL 32404		
City/State and Zip Co	ode	
leann.jones63@gmail.com		
E-mail address: (to be used for futur	e annual report noti	fication)
For further information concerning this m	atter, please call:	
Christina Finley	850 at (851-8659
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		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 follo	wing amount:	
\$25 Filing Fee	0 :	\$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.

2. (a)	5413 Hickory Street	(b) 5413 Hickory Street					
J. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Muiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Panama City, FL 32404	<u> </u>	Panama City, FL 32404				
	07/30/2015		L15000130				
3.	Date of filing/registration in Florida	- 4.		Document number			
5. (a,	Suzanne N. Whibbs						
· (-,	Registered Agent and Registered Office shown on the records of Suzanne N. Whibbs	the Flori	da Dept. of Stat	e:			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	<u>55)</u>	ina.			٠.,
	801 W. Romana Street, Unit C			_	: ::	20;	6
	Pensacola , FL	32502		_		2021 AUG 16	
	, rL	·		_		90	11
(b)				_	Ag.	9	
•	Enter name of NEW Registered Agent and/or NEW Registered	Office P	ddress:		388	₽	m
	Christina Finley			_	CF STA	AH 9: 3	Ū
	NEW Registered Office Address:				m	<u></u>	
	5413 Hickory St	_					
	Panama City , FL	32404		_			
chang agent was/w the art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited literer authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability c of the li limited Ch	red office an company, it i mited liabilit liability cor ristina Finley	id the business office of the shereby confirmed that by company or as otherwing any. Printed or typed name of significant controls.	the registe the change isc provide	red e(s) ed in	
provis the ob to mei	eby accept the appointment as registered agent and agrions of all statutes relative to the proper and complete digations of my position as registered agent as provided ely reflect a change in the registered office address, I to it writing of this change.	perfori d för in	nance of my Chapter 60:	duties, and Lam familiar 5, F.SOr, if this docume	with and ent is bein	accept g filed	

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