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S. WARREN JAN 17 2018

COVER LETTER

TO: Registration Section Division of Corporations						
Bernie Smith, PLLC						
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 m	natter to the following:					
Bernie Smith						
Name of Person						
Bernie Smith PLLC						
Firm/Company						
1667 Long Meadow Road						
Address						
Fort Myers, Florida 33919						
City/State and Zip Code						
realtybznz@gmail.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, ple	ease call:					
Bernie Smith	239 2094378					
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 an	iount:					
■ \$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. Na	me of the limited liability company: Bernie Smith	PLLC			
2. (a)	1667 Long Meadow Road	((b) 1667 Long Meadow Road		
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Fort Myers		Fort My	ers	
	Florida 33919		Florida	33919	
	March 11, 2016		L160000	50817	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Bryant, Bradley D				
, (u)	Registered Agent and Registered Office shown on the records of	the Flori	la Dept. of Sta	ite:	
	4851 Tamiami Trail, Suite #300			_	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE:	<u>(S)</u>		
	Naples			_	
	FI	34103	3		
		'	 -		
(b)	Bernie Smith			6 7	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ddress</u> :	- FR 2:	
	1667 Long Meadow Road			93. 1. 1. 1. 1. 1. 1. 1. 1.	
	NEW Registered Office Address:			— 3.F	
	Fort Myers			_	
	. FL	3391	9		
the cha agent was/w the art Signa I here provis the ob-	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the number of a member or authorized representative of a member or authorized representative of a member of the accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete light in the proper of the provider of the provider of the proper and complete light of th	the regability of the limited	cistered officempany, it mited liability coernie Smitt	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. h Printed or typed name of signee	

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

Signature of Registered Agent