

116000 156526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

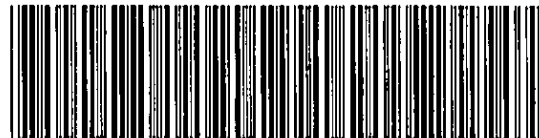
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200322508602

01/15/19--01016--004 **25.00

2019 JAN 15 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 22 2019
C. H. HARRIS

COVER LETTER

2018 JAN 15 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: Smart Build Capital, LLC.

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

John Murphy II

(Contact Person)

Smart Build Capital, LLC.

(Firm/Company)

7345 Greenbriar Parkway

(Address)

Orlando, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

John Murphy II 407 634-6748
_____ at (_____) _____
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

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

**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: Smart Build Capital, LLC

2. (a) Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*
7345 Greenbriar Parkway
Orlando, FL 32819

(b) Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*
7345 Greenbriar Parkway
Orlando, FL 32819

3. July 5, 2018 Date of filing/registration in Florida

4. L16000156526 Document number

5. (a) Mead, Dean
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
420 S. Orange Ave., Suite 700
Orlando, FL, FL 32801

(b) Dean Mead Services, LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
420 S. Orange Ave., Suite 700
Orlando, FL 32801

2019 JAN 15 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FL ORIGIN

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.

John Murphy MANAGER John Murphy II
Signature of a member or authorized representative of a member Printed or typed name of signee

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.

Signature of Registered Agent