(Requestor's Name)	
(Address)	
(Address)	300307328013
(City/State/Zip/Phone #)	
(Business Entity Name)	01/08/1801028029 **25.00
(Document Number)	
ed Copies Certificates of Status	
cial Instructions to Filing Officer:	
	<u>11</u> 22 35
Office Use Only	J. LEGGETT MAR 2 0 2018



March 16, 2018

Dear Ms. Judy Leggatt:

Hello. My name is lan Robbins. I work with Seth Robbins and Ronnie Robbins.

The purpose of this letter is to change the registered agent for SZ Mart, LLC to Ronnie Robbins 1020 North Venetian Drive Miami, FL 33139.

From calling your office, I understand you received the \$25 change fee. They said the reason the change of registered agent was not accepted was because Ronne Robbins had not signed the form. Attached is the signed form by Ronnie Robbins via Docusign.

With this corrected form, can you change the registered agent?

You are welcome to call me at 770-899-8801 if you have any questions.

Thanks,

lan Robbins

770-899-8801

HAR m CE AH IO: Ē

COVER LETTER

TO: Registration Section Division of Corporations

SZ MART, LLC Name of Limited Liability Company SUBJECT:

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sem Rubbins

SZ MGT, LLC Birm/Company

700 N Woodward Avenue

<u>Tallu busse</u>, <u>FL</u> 32304 City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tailahassee, Florida 32301

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

S55 Filing Fee & Certified Copy

4NHS18 (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

L Na	une of the limited liability company: $S \neq M$	WT, LLC
2. (a)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)
3. 5. (a)	1026/2016 Date of filing/registration in Florida 4 United Staty Congustion Agents For	Document number
	Registered Agent and Registered Office shown on the records of the Fl 13302 Window Oak LOW Registered Office Address (MUST BE FLORIDA STREET ADDR	#A
(b)	Ronnic Rubbins	336/L 20
_	Inter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u> 1020 North Uchtim Driv <u>NEW Registered Office Address:</u>	
_	Migmi 3	3131
article	ited liability company is not organized under the laws of the e or changes are made, the Florida street address of the re- be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the li s of organization or the operating agreement of the limited of a member or authorized representative of a member	he State of Florida, it is hereby confirmed that after gistered office and the business office of the register
erehv a	iccept the appointment as registered agent and agree to a of all statutes relative to the proper and complete perform tions of my position as registered agent as provided for in reflect a change in the registered office address, I hereby of writing of this change.	Printed or typed name of signee ct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability components.

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