## 117000053941

(F	Requestor's Name)				
(/	Address)	<del></del>			
(Address)					
(0	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of S	Status			
Special Instructions to Filing Officer:					
		:			

Office Use Only

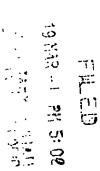


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## COVER LETTER

Division of Corporations	
SUBJECT: Smith's Coning S	Solv Dans LUC Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Name of Person	
Smin's Coling Salhans, L	
7967 Mantallo (and	
Savascia FL 34743  City/State and Zip Code  1C Sm. + O814 @ gr  E-mail address: (to be used for future annual r	
For further information concerning this matter, plea	se call:
16N Smith at	(94) 993-9068 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 amo	ount:
\$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. N	lame of the limited liability company:S MIEV	15 Co	olina S	olutions (	LLC
2. (a)	7947 Montrelle (ane	(b)	7967	7 Manticel	110 lane
,	Principal office address of limited liability company:	` ` _		~	nited liability company;
	(Note: MUST BE STREET ADDRESS)		C		OST OFFICE BOX)
	Savasota, FL 34243		>11 V4	asola, FL 3	59 29 5
	3/8/7017		1700	0005 3941	
3.	Date of filing/registration in Florida	4.	ı	Document number	er
5. (a		J, INC	·		
	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:	:	
	1330 Z WINGING OAK COWY Registered Office Address (MUST BE FLORIDA STREET)	4000000			
	Registered Office Address (MUST BE FLORIDA STREET A	1 <i>DUKESS)</i>			
	<u> </u>		····		3 A 6
	Tampa	<u>331</u>	112		港馬市
	Luadent Coasts				FHLED 19 HAR -1 PH
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre			2 15
					- 5 <u>.</u> 0
	4315 Deep Creek Terrace				~ <b>Q</b>
	NEW Registered Office Address:				
			<del></del>		
	lamin	21171	9		
	<u> </u>		_1		
If the	limited liability company is not organized under the laviange or changes are made, the Florida street address of	vs of the St	ate of Flor	rida, it is hereby of	confirmed that after office of the registere
agent	will be identical. Or, in the case of a Florida limited lia	ibility com	pany, it is	hereby confirmed	d that the change(s)
	vere authorized by an affirmative vote of the members of ticles of organization of the operating agreement of the				omerwise provided in
de	or Smith	19	W SM	n 11 Printed or typed nam	
	ature of a member or authorized representative of a member				
provis the ol- to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete digations of my position as registered agent as provided rely reflect a change in the registered office address, I he d in writing of this change.	performan 1 för in Ch	ce of my d anter 605.	luties, and Lam fo F.S. Or if this a	amiliar with and accep locument is being filed

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

Signature Registered Agent