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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)694-1639 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please r. *.

Email Address: LLC REGISTERED AGENT CHANGE OUR SMART WORLD, LLC

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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	ame of the limited liability company: OUR SMA	RT WORLD, LL	C
4. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	338 STREAMVIEW WAY		
	WINTER SPRINGS, FL 32708		
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	10/10/2017		
	Registered Agent and Registered Office shown on the record		_
	CORPORATE CREATIONS NETWORK		
	Registered Office Address (MUST BE FLORIDA STRE	=	SEP 19 MIL 30
	PALM BEACH GARDENS	, FL_33410	
(b)	Alla Kourova		
(11)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:	— 30
	338 STREAMVIEW WAY		3 *
	NEW Registered Office Address:		
	WINTER SPRINGS	, _{FL} 32708	
the change agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite tere authorized by an affirmative vote of the membericles of organization or the operating agreement of	ss of the registered ed liability compan ers of the limited li f the limited liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	pby accept the appointment as registered agent and sions of all statutes relative to the proper and comp digations of my position as registered agent as pro rely reflect a change in the registered office addressed in writing of this change.	d agree to act in thi slele performance c vided for in Chapte ss, I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and acceper 605, F.S. Or, if this document is being filed that the limited liability company has been
1	Danielle Cossman - Attorney in Fact	_	
Signatu	ure of Assistered Akent		
`	Division of Corporations • P.	.O. Box 6327 • Tal	Rahassee, FL 32314
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