

L17000 226 Lde9

(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



500327835035

04/13/19--01013--007 \*\*25.00

APPROVED  
AND  
FILED

2019 APR 12 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T.G.  
04/18/19

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** John W. Smith, LLC

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 matter to the following:

Veil Corporate

Name of Person

John W. Smith, LLC

Firm/Company

10421 S Jordan Gateway ste 600

Address

South Jordan, UT 84095

City/State and Zip Code

renewals@veil.com

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

For further information concerning this matter, please call:

Veil Registered Agent Dept

Name of Person

at (888)

727-7387

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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

APPROVED  
AND  
FILED  
2019 APR 12 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: John W. Smith, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1434 VICTORIA DR WEST PALM BEACH FL, FL 33406

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

P.O. BOX 22198 WEST PALM BEACH, FL 33416

11/01/2017

L17000226669

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

SMITH, JOHN W

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1434 VICTORIA DR.

WEST PALM BEACH, FL 33406

(b) Registered Agents Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

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 W Smith  
Signature of a member or authorized representative of a member

John W Smith

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.*

Bill Havre Bill Havre - Assistant Secretary  
Signature of Registered Agent