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•					
(Requestor's Name)					
(Address)					
(1001000)					
(Address)					
(City/State/Zip/Phone #)					
(4)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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EXAMINER

COVER LETTER

	egistration Section ivision of Corporations					
SUBJEC"	SMART GLASS DESIGN, LLC	· · ·				
nonde.		Name of Limited Liability Company				
Dear Sir o	or Madam:					
The enclo	sed Registered Agent/Registered Office C	hange and	fee(s) are submitted for filing.			
Please reti	urn all correspondence concerning this ma	tter to the	following:			
RAQUE	L C. BALDACCI PEREZ					
	Name of Person		_			
SMART	GLASS DESIGN, LLC.					
	Firm/Company			!		
NEW A	DDRESS: 2850 GLADES CIRCLE S	SUITE 13	BF .			
	Address		_	Ţ.		
WESTO	N, FLORIDA 33327			Ç,		
	City/State and Zip Code		_			
RAQUE	LBALDACCI@GMAIL.COM					
E-m	ail address: (to be used for future annual re	eport notif	ication)			
For furthe	er information concerning this matter, pleas	se call:				
RAQUE	L C. BALDACCI PEREZ	786	656-3368			
	Name of Person	\	Area Code & Daytime Telephone Number			
R D C 20	TREET/COURIER ADDRESS: egistration Section vivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	Re Div P.C	ailing address: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314			
Enclosed is a check for the following amount:						
2	\$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy			

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

l. Na	ame of the limited liability company: SMART GLA	SS DESIGN, LL	.C.
2. (a)			
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2850 GLADES CIRCLE, SUITE 13F	SAME	
	WESTON, FL 33327		
	03/23/2018	L180000	075951
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
·	Registered Agent and Registered Office shown on the records of RAQUEL C. BALDACCI PEREZ	the Florida Dept. of St	ute:
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	 •€
	3131 NE 188th STREET, APT. 2803		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	AVENTURA	33180	
	, ri		- · · · · ⊼
(b)	SAME		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	ب ب
	2850 GLADES CIRCLE, SUITE 13F		· 38
	NEW Registered Office Address:		
	WESTON	33327	
	, FL		_
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	The registered offi ability company, it of the limited liabil limited liability ec	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
	ture of a member or authorized representative of a member	RAQUEL C	. BALDACCI PEREZ Printed or typed name of signee
Lhere	hy account the annountment as registered agent and ag	ree to act in this co	macity. I further agree to commly with the
nere. provisi the obl to mer notifie	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflectly change in ma registered office address, I d'in xritiggof this change.	ree to act in this ca performance of d for in Chapter 60 hereby confirm tha	pacity. I juriner agree to comply with the y duties, and I am familiar with and accept 95, F.S. Or. if this document is being filed at the limited liability company has been
Signatu	re of Registered Agent		