L18 0000 76385

(Reque	estor's Name)						
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PICK-UP	MAIT	MAIL					
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Certified Copies	Certificates	s of Status					
Special Instructions to Fili	ng Officer:						

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AGILEST SMITH, LLC Name of Limited Lia	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
SARAH SMITH	
Name of Person	_
AGILEST SMITH, LLC	_
Firm/Company	
631 SW 147th Ave	
Address	_
PEMBROKE PINES, FL 33027	_
City/State and Zip Code	-
SAKAHLEA LOTE GMAIL. COM	
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
SARAH SMITH	, 93X-1078
SARAH SMITH at (404) Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount:	
☑ \$25 Filing Fee ☐ \$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.

1.	Na	ame of the limited liability company:AGILEST	12	MITH 1	LC				
2. (2.22 Al 20th A 1. 14221	(b) _	Maili (<u>N</u>	ng address of	POST OF	bility cor F <i>FICE E</i>	BOX)	
		Hollywood, FC 33020		13170	N. 75	9th A	NE	#301	
			.·- -	How					
		3/26/18		L18	8000076385				
3.		Date of filing/registration in Florida 4.		Doo	cument nun	nber			
5.	(a)								
		Registered Agent and Registered Office shown on the records of the Flor							
	NITED STATES CORPORATION AGENTS, INC. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)								
	5575 S. SEMORAN BLYD SVITE36								
		ORUANDO ,FL 32							
(b)					SEUDL TALL AF	2020 HAR 23	-T-I	
		SARAH SMITH				85 24.			
		NEW Registered Office Address:				-	R		
		631 SW 1474 AVE					9: 38		
		PEMBROKE PINES .FL 3	30)27		1,	Ø		
char ager was	nge nt w /we	imited liability company is not organized under the laws of the or changes are made, the Florida street address of the registe will be identical. Or, in the case of a Florida limited liability ere authorized by an affirmative vote of the members of the liches of organization or the operating agreement of the limited	ered o comp imite	office and the pany, it is hered I liability co	e business of eby confire mpany or a	office of t ned that t	he regi the cha	stered nge(s)	
					All S	MIT	H		
Si	nat	ture of a member or authorized representative of a member			ited or typed i				
I he pro- the to n noti	ereb visio obli iere fiea	by accept the appointment as registered agent and agree to a ions of all statules relative to the proper and complete perforingations of my position as registered agent as provided for in left reflect a change in the registered office address, I hereby dim writing of this change.	ct in manc Cha conf	this capacity se of my dutie upter 605, F.S irm that the l	: I further es, and I am S. Or, if thi imited liabi	agree to familiar s docume ility comp	comply with a ent is be cany ho	with the and accept eing filed is been	
Sign	atur	re of Registered Agent							