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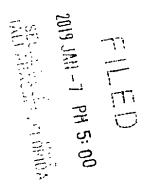
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

INHS18 (2/14)

то:	Registration Section Division of Corporations			
SUBJI	Al Smooth Transitions LLC			
Name of Limited Liability Company				
Dear S	Sir or Madam:			
The en	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the following:		
Alber	to Rosario, Yosmiry Payano			
	Name of Person			
Al Sn	nooth Transitions LLC			
	Firm/Company			
9016	Morris Rd.			
	Address			
Fort I	Myers, FL 33967			
	City/State and Zip Code			
AISm	oothTransitions@gmail.com			
H	E-mail address: (to be used for future and	nual report notification)		
For fu	rther information concerning this matter	, please call:		
Yosm	niry Payano	239 601-8846		
	Name of Person	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		

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.

Name of the limited liability company: Al Smooth Tra	ransitions LLC
9016 Morris Rd. Fort Myers, FL 33967	(b) 9016 Morris Rd. Fort Myers, FL 33967
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
09/26/2018	L18000227095
Date of filing/registration in Florida	4. Document number
a) Alberto Rosario	
Registered Agent and Registered Office shown on the records of the Yosmiry Payano	the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)
17220 Terraverde Cir. #5	
Fort Myers	33908
Enter name of NEW Registered Agent and/or NEW Registered (33908 HOffice address:
NEW Registered Office Address:	
9016 Morris Road	
Fort Myers , FL	_33967
thange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of articles of organization or the operating agreement of the language of a member or authorized representative of a member are by accept the appointment as registered agent and agree	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the regist iability company, it is hereby confirmed that the change(so the limited liability company or as otherwise provided elimited liability company OSMICY OSMICY Pfinted or uped name of signee
ature of Registered Agent	