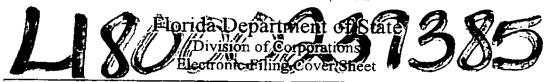
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000121493 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CALANDRINO LAW FIRM Account Number : I20090000062

Phone

(407)621-4200

Fax Number

: (407)621-4210

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

REGISTERED AGENT CHANGE SMART CHOICE MARKETING HOLDINGS, LLC

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	HOLDINGS, LLC	
	f 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 m	natter to the following:	
Liza Stonecipher		
Name of Person		
SMART CHOICE MARKETING HOLDING	S, LLC	
Firm/Company		
2049 S. Ridgewood Ave.		
Address		
Daytona, FL 32119		
City/State and Zip Code		
nfo@smartchoicemarketing.net		
E-mail address: (to be used for future annual	eport notification)	
or further information concerning this matter, ples	se call:	
.iza Stonecipher	386 290-4031	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amo	unt:	
2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	
TIC10 (2/14)		

INHS18 (2/14)

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.

2 (6)				
2. (a)	Principal office address of limited liability company: (Note: MUSI BE STREET ADDRESS) 2049 S. RIDGEWOOD AVE.	 -		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) RIDGEWOOD AVE.
	DAYTONA, FL 32119		DAYTO	NA, FL 32119
	10/15/2018		L180002	37385
3.	Date of filing/registration in Florida	 4.		Document number
5. (a)				
υ. (μ ₎	Registered Agent and Registered Office shown on the records Assured Compliance Services, LLC	of the Flori	da Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE.	SSI	
	214 S. Park Ave. STE. B			
	Winter Park	3278	 9	_
	Winter Park , i	*L		_
(b)	•			
(-)	Enter name of NEW Registered Agent and/or NEW Register	ed Office I	ddress:	_
	Liza Stonecipher			19
	NEW Registered Office Address;		•	易用
	2049 S. RIDGEWOOD AVE.			- 7 7 7
	DAYTONA	L_32119	-:	2 - 1
	, 1	'L		_ 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二
the cha agent v was/was/wathe arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the street of t	aws of the feet liability of the line limited	e State of Fl istered offic company, it i	e and the pusitiess office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany.
the cha agent to was/was the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the truth of a pember or authorized representative of a member	aws of the reg liability of the li- te limited	e State of Fl intered offic company, it i mited liabilit liability con za Stoneci	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Pher Printed or typed name of signee
the cha agent v was/was/was the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the street of t	aws of the reg liability of the li- te limited	e State of Fl intered offic company, it i mited liabilit liability con za Stoneci	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. pher Printed or typed name of signee