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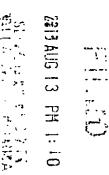
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COVER LETTER

Name of Limited Liability Company ir or Madam:					
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:					
Zani Atia Name of Person					
911 LOCKSMH LLL Firm/Company					
6208 WCYMOUHN Dr Address					
Savasota Fl 34238 City/State and Zip Code					
Zani Atia @ gmail · Lom E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
2ani Atia at (702) 533-3220 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 & Certified Copy					

TO: Registration Section

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

Florida.		1	46
1. Name o	of the limited liability company:	SCK	cksmith LLC
2. (a)		(b)	(b)
· / -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
6	208 weymouth br		6208 weymouth Dr
<u>s</u>	arasota F1 34238		sovas otel F1 34238
	07/08/2019		L19000175号8号
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	istered Agent and Registered Office shown on the records of the		-
_		Florida	rida Dept. of State:
	Lani Atia		
Reg	istered Office Address (MUST BE FLORIDA STREET ADD	DRESS,	<u>(SS)</u>
_(6208 Weymouth Dr		
5	Saversote FL3	42	238
(b) Z	ani Atia		
	er name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>	fice add	address: Please also than
9	437 Tuttle Ave #20	2_	L Please also than mailing Address
NE.	W Registered Office Address:		Trucking hadis
<u>S</u>	arasota F1 34243		to this New
			Registered office
-	, FL		
the change agent will b was/were a	be identical. Or, in the case of a Florida limited liabi	e regis ility co he lim	egistered office and the business office of the registered company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in a diability company.
Signature o	of a member of authorized/representative of a member		Printed or typed name of signee
I hereby ac	ccept the appointment as registered agent and agree	to act	act in this capacity. I further agree to comply with the
provisións the obligati to merely re	of all statutes relative to the proper and complete pe ions of my position as registered agent as provided h	erforma or in C	rmance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed a confirm that the limited liability company has been

Signature of Registered Agent