

12/5/23, 3:49 PM

Division of Corporations



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(((H23000415433 3)))



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Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please:**

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**LLC REGISTERED AGENT CHANGE
SMITH ORGANICS NAPLES, LLC**

Certificate of Status	0
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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. Name of the limited liability company: SMITH ORGANICS NAPLES, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1100 5TH AVE S, SUITE 303
NAPLES, FL 34102
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1100 5TH AVE S, SUITE 303
NAPLES, FL 34102
- 01/28/2020 L20000022220
3. Date of filing/registration in Florida 4. Document number

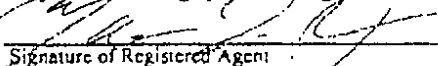
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
JEFF NOVAT, ESQ.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1415 PANTHER LANE, SUITE 452
NAPLES, FL 34109

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
HF REGISTERED AGENTS, LLC
NEW Registered Office Address:
1715 MONROE STREET
FORT MYERS, FL 33901

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member Jody Goodenough Fleming Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 Signature of Registered Agent By: Matthew L. Brust, Vice President, HF Registered Agents, LLC

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00