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COVER LETTER

	egistration Section Division of Corporations	
SUBJEC	T: SMS 0	NE, LLC
	Name of Entitled Ele	iomy company
Dear Sir o	or Madam:	
The enclo	osed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the fo	ollowing:
	Sitas Kavada Name of Person	1
	EMSTONE	_
	Firm/Company	
	34 WINSTEN Dri	<u>/</u> e
	Belluir, f (33) City/State and Zip Code	
E-m	FIASJUMAS @ W/Magnail address: (to be used for future annual report notific	cation)
	er information concerning this matter, please call:	
	Slips KANOW at 727	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
F	Enclosed is a check for the following amount:	
<i>/</i> C	\$25 Filing Fee	5 Filing Fee & Certified Copy

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.

1.	Na	me of the limited liability company:EMSTONELLC
2 ('a)	(b)
2. (ω,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		34 winston drive Samo
		Belleair, FL 33756
		07-06-2020 L 20000043935
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:
		A & A - 20 - 20 LCC
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		600 By pass Dr. # 100
		Clouwater FL 33764
((b)	ELIAS KANAAN
		Enter name of NEW Registered Agent and/or NEW Registered Office address:
		SU Winday Drive
		NEW Registered Office Address:
		Belleair FL 33756
cha age was the	nge nt w s/we artic	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. Printed or typed name of signee
pro the to n	visie obli nere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.

Signature of Registered Agent