

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**120000307312****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.

(((H22000279088 3)))



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**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**To:**Division of Corporations  
Fax Number : (850)617-6383**From:**Account Name : INCFILE.COM LLC  
Account Number : I20220000070  
Phone : (888)462-3453  
Fax Number : (877)919-2613**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*****Email Address:** \_\_\_\_\_**LLC REGISTERED AGENT CHANGE  
THE SMOKE APP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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AUG 18 2022

K. Brumby

(((H22000279088 3)))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE SMOKE APP LLC

\_\_\_\_\_  
Name of 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 matter to the following:

LOVETTE DOBSON

\_\_\_\_\_  
Name of Person

INCFE.COM LLC

\_\_\_\_\_  
Firm/Company

17350 STATE HWY 249 #220

\_\_\_\_\_  
Address

HOUSTON, TEXAS 77064

\_\_\_\_\_  
City/State and Zip Code

EFILE1234@INCFE.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON

at ( 888 )

462-3453

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 (((H22000279088 3)))

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: THE SMOKE APP LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
350 S MIAMI AVE APT 303  
MIAMI, FL 33130
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
350 S MIAMI AVE APT 303  
MIAMI, FL 33130
3. 09/29/2020  
Date of filing/registration in Florida
4. L20000307312  
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
MURAT KHALIFA  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
768 W 41ST ST  
MIAMI BEACH, FL 33140
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
LEGALINC CORPORATE SERVICES INC.  
NEW Registered Office Address:  
5237 SUMMERLIN COMMONS SUITE 400  
FORT MYERS, FL 33907

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TALLAHASSEE, FL 32314

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.

Anan Almasri

Signature of a member or authorized representative of a member

Anan Almasri

Printed or typed name of signee

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.

Wesley Delan

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00