

L22000059952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

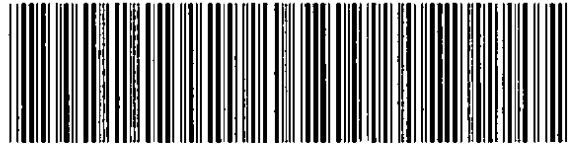
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T & R SMART GROUP, 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:

Vanesa Romagnoli

Name of Person

T & R Smart Group, LLC

Firm/Company

2900 Glades Cr, Suite 1200

Address

Weston, FL 33331

City/State and Zip Code

info@trsmartgroup.com

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

For further information concerning this matter, please call:

Maria Tortolani

Name of Person

at (954) 8050862

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**

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: T & R SMART GROUP, LLC

2. (a) 2900 Glades Cr, Suite 1200, Weston, FL 33327

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)

02-04-2022

L22000059952

3. Date of filing/registration in Florida

4. Document number

5. (a) GONZALEZ LAW PL

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1750 CORAL WAY FLOOR 2 MIAMI, FL 33145

(b) _____

Enter name of NEW Registered Agent and/or NEW Registered Office address:

VANESA ROMAGNOLI

NEW Registered Office Address:

2900 Glades Cr, Suite 1200, Weston, FL 33327

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.

Vanesa Romagnoli (Jun 5, 2023 16:24 EDT)

Signature of a member or authorized representative of a member

Vanesa Romagnoli

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.

Vanesa Romagnoli (Jun 5, 2023 16:24 EDT)

Signature of Registered Agent

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

FILING FEE: \$25.00