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A. RIVERS APR 3 0 2023

INHS18 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations								
SMART ACES, LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Chang	te and fec(s) are submitted for filing.							
Please return all correspondence concerning this matter t	to the following:							
MATTHEW ELLSWORTH								
Name of Person	·							
Firm/Company								
438 ANDERSON DR								
Address								
DESTIN FL 32541								
City/State and Zip Code								
SmartAces@aol.com								
E-mail address: (to be used for future annual report	t notification)							
For further information concerning this matter, please ca	dl:							
MATTHEW ELLSWORTH 51	7 749-5252							
Name of Person	Area Code & Daytime Telephone Number							
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations							
P.O. Box 6327 Tallahassee, FL 32314	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							

..**.........**

TO FORMANCE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIABILITY COMPANY

, without of sections 003.0114 or 605.0116, Florida Statutes, the undersigned limited liability company , and the state of florida.

1. N	Fame of the limited liability company:SMART ACES,	LLC					
2. (a)			(b) 438 AN	DERSON DR DESTIN	FL 325	41	-
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limite	-		;
	438 ANDERSON DR DESTIN FL 32541		438 AND	DERSON DR			
	DESTIN FL 32541	_	DESTIN	FL 32541			
	01/21/2023		L2200014	1976			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a	INC AUTHORITY RA						
J. (u	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept. of St	ate;			
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)				
	390 NORTH ORANGE AVE, STE 2300-N				FS	202	
	ORLANDO	3280	1		ECRE LL A4	2023 FEB	
		L		_	A A A	B	
(b)	MATTHEW ELLSWORTH				35.25 25.25	17	المساوا
	Enter name of NEW Registered Agent and/or NEW Registered	d Offic	e address:		OF STATE	AM II: 18	
	NEW Registered Office Address:			_	****	~	
	438 ANDERSON DR						
	DESTIN , FI	3254 L	I	_			
chang agent was/v	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	e regise ability of the limit	tered office a company, it limited liabil	and the business office is hereby confirmed to ity company or as oth ompany.	e of the re that the cl	gistered nange(s	d 5)
Sign	nature of a member or authorized representative of a member	-		Printed or typed name	of signee	,, ,,	
proyl. the oi to me notifi	eby accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change	ree to perfo ed for hereb	act in this ca rmance of my in Chapter 60 y confirm tha	pacity. I further agre y duties, and I am fam)5, F.S. Or, if this do t the limited liability o	ee to comp niliar with cument is company	oly with and ac being j has bee	the ecept filed en
218mm	ture of Registered Agent						

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