Division of Corporations

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(((H230004154373)))



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From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.

Account Number : 075410002172 Phone : (239)344-1100 : (239)294-3731 Fax Number

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: hfra@henlaw.com

## LLC REGISTERED AGENT CHANGE SMITH ORGANICS NORTH NAPLES, LLC

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T. LEMIEUX Help DEC 0 6 2023 FAX AUDIT NO.: H23000415437 3

To:

## 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.

I.	Name of the limited liability company: SMITH ORGA	NICS NORTH :	NAPLES, LLC
	a)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1100 5TH AVE S, SUITE 303		1100 5TH AVE S, SUITE 303
	NAPLES, FL 34102		NAPLES, FL 34102
	05/23/2022		L22000224463
3.	Date of filing/registration in Florida	4.	Document number
5. (	(a)		
	(a) Registered Agent and Registered Office shown on the records  JEFF NOVATT, ESQ.	of the Florida Dep	s. of State:
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	<del>ـــــــــ</del> ق. ،
	1415 PANTHER LANE, SUITE 452		
	NAPLES	34109	· .
		1 L	
(	b)		
`	Enter name of NEW Registered Agent and/or NEW Register	red Office address	= = = = = = = = = = = = = = = = = = = =
	HF REGISTERED AGENTS, LLC		
	NEW Registered Office Address:		
	1715 MONROE STREET		
	FORT MYERS	FL	
chan agen was/ the a Sig I he prov the o	e limited liability company is not organized under the age or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member anticlos of organization or the operating agreement of the interest of a member of	he registered of liability compass of the limited liability liabil	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  Index Goodenough Fleming Printed or typed name of signee in capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
Sign	ature of Registered Agent	ew. L. Brust, \	Vice President, HF Registered Agents, LLC

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