To:

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(((H23000415439 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

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

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

Email Address: htra@henlaw.com

LLC REGISTERED AGENT CHANGE SMITH ORGANICS HOLDING COMPANY, LLC

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HEILEMIEUX DEC 0 6 2023 FAX AUDIT NO.: 1123000415439 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.

1. N	ame of the limited liability company: SMITH ORGANI	ICS HOLDI	NG COMPANY, LLC
2. (a)		(b)	
· (-)	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 STH AVE S, SUITE 303
	NAPLES, FL 34102	- -	NAPLES, FL 34102
	07/15/2022		L22000312454
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (A)	Registered Agent and Registered Office shown on the records of JEFF NOVATT, ESQ.	the Florida Do	cpt. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	1415 PANTHER LANE, SUITE 452		
	NAPLES , FL	34109	
	· · · · · · · · · · · · · · · · · · ·		
(b)	Enter name of NEW Registered Agent and/or NEW Registered		~a
	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	15: 25: 44: 17: 44:
	HF REGISTERED AGENTS, LLC		٤.
	NEW Registered Office Address:	 .	
	1715 MONROE STREET		- T
			T <u>r</u>
	FORT MYERS	33901	
	, FL	<u></u>	
change agenta was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of iclus of organization or the operating agreement of the	registered of ability comp of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
کید			Jody Goodenough Fleming
_	ture of a member or authorized representative of a member		Printed or typed name of signed
provisi the obl to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act in performanc I for in Cha pereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
انگارون این مسرر		hew. J., Bri	ist, Vice President, HF Registered Agents, LLC
Signatu	ire of Registered Agent		