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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Phone

Fax Number : (561)214-8442 **Enter the email address for this business entity to be used for future

いたら | こ。Email Address:_ i.

LLC REGISTERED AGENT CHANGE SMITH MY RIDE LLC

Certificate of Status	0
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M. SOLOMON

OCT - 3 2024

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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.

I. N	ame of the limited liability company: SMITH MY RIDE	LLC					
2. (a)	256 east university blvd	Œ	256 east	university blvd			
- (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limit (Note: MAY BE PO.			
	Melbourne, FL 32901	_	Melbourn	e, FL 32901			
	09/16/2022		L22000406	191			
3.	Date of filing/registration in Florida	4.	_	Document number			
5. (a)	LEGALINC CORPORATE SERVICES INC.						
J. (u)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Sta	— le:			
	476 Riverside Ave.				7.0 - 17.0 - 1.0-1	202	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	_		2024 OCT -3	Separate Sep
	Jacksonville . FL	32202		_		3 F¥	
(b)	Corporate Creations Network Inc.				TIES TIES	FM 3: 57	
•	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		<i>(</i> :1 ·	7	
	801 US Highway I			_			
	NEW Registered Office Address:						
	North Palm Beach , FL	33408		_			
change agent v was/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the rawill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registere bility co the lim	d office ar mpany, it i ited liabili	d the business office s hereby confirmed ty company or as oth	e of the regi	stered nge(s)	
	Kristen Espinales	Kris	ten Espinale	es, Attorney-in-Fact			
Signa	ture of a member or authorized representative of a member			Printed or typed name	of signee		
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 ha d'in writing of this change.	e to act performa for in C ereby co	in this cap ince of my hapter 60: infirm that	acity. I further agre duties, and I am Jam 5. F.S. Or, if this do the limited liability (re to comply uliar with a cument is be company ha	with t nd acc eing fil is been	the rept led
	Kristen Espinales Kristen Espinales, Special Secretary						

Signature of Registered Agent