(((H230000178513)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Email Address: __Documents@incorp.com

LLC REGISTERED AGENT CHANGE **SMART IV LLC**

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M. SOLOMON

JAN 17 2023

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COVER LETTER

TO: Registration Section Division of Corporations								
(17.00.00)	SMART IV LLC							
SUBJECT: Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Re	istered Office Change and fects) are submitted for filing.							
Please return all correspondence co	cerning this matter to the following:							
Joanna Fer	andez							
Name of P	rson							
InCorp Serv	es, Inc.							
Firm/Com	any							
3773 Howard Hughes	Pkwy Suite 500S	2023 JAN						
Address	· 	Y.Y.						
Las Vegas. NV	9169-6014	. 7						
City/State and	Zip Code	AH IO						
documents@i		52						
E-mail address: (to be used for	future annual report notification)							
For further information concerning	his matter, please call:							
Joanna Fernandez for InCorp Serv								
Name of Person	at 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 th	following amount:							
☑ S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)

H230000178513

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

1.	Na	me of the limited liability company: SMART IV LLC	.,					
2	(a)	910 WEST AVE. APT 1122	1	h, 910 WES	ST AVE. APT 1122			
	(13)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited (Note: MAY BE POST	l liability c		
		MIAMI BEACH. FL 33139		MIAMI BI	EACH, FL 33139			
		11/21/2022		L2200049	6472			
3.		Date of filing/registration in Florida	-1.		Document number		**********	
5	(a)	11/21/2022						
	(4)	Registered Agent and Registered Office shown on the records of ti	he Flori	dn Dept. of State	- e:			
		PREMJEE. ARMAAN						
		Registered Office Address (MUST BE FLORIDA STREET A	-					
		910 WEST AVE. APT 1122		_	-,	2023		
		MIAMI BEACH , FL.	•	33139	-	• -	JAN	
	(b)	InCorp Services. Inc.					1	, !
(;	(Enter name of NEW Registered Agent and/or NEW Registered Office address:			-		27: 20:	[[
		17888 67th Court North				3 ···· 3 ···	D : 52	
		NEW Registered Office Address:			•			
					-			
		Loxahatchee, FL	,	33470	-			
the age wa the	cha ent v is/we arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the limited liagreement liagreement of the liagreement liagreeme	the reg bility of the li limited	distered office company, it is mited liability	e and the business off s hereby confirmed the y company or as othe apany. EMJEE	fice of the fat the cl rwise pr	ie regisi hange(s	icred ()
		ture of a member or authorized representative of a member			Printed or typed name o		,	•
pre the to	ovisi e obl mere	hy accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete i igations of my position as registered agent as provided ely reflect a change in the registered office address. In I in writing of this change.	perfori l for in iereby	nance of my Chapter 603 confirm that	duties, and Lam fami i, F.S. Or, if this doc the limited liability c	to compliar with untent is ompany	oly with i and ac being j has bec	the cept filed m
Si	gnani	Isabel Burgos on beha	alt of I	nCorp Sen	vices, inc.			

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