

L 23000 280300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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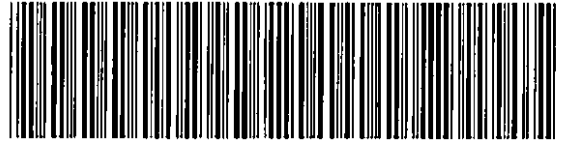
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smiley Sammi Smoot LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha Smoot

Name of Person

Smiley Sammi Smoot LLC

Firm/Company

6242 Balsam St

Address

Cocoa, FL 32927

City/State and Zip Code

smileysammismoot@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Smoot

703
at (_____) _____

298-2353

Name of Person

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 the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FL

**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.

1. Name of the limited liability company: Smiley Sammi Smoot LLC

2. (a) 6242 Balsam St (b) 6242 Balsam St

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Cocoa, FL 32927

Cocoa, FL 32927

June 9, 2023

L23000280300

3. Date of filing/registration in Florida

4. Document number

5. (a) ZENBUSINESS INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

336 E College Ave

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 301

Tallahassee, FL 32301

(b) Samantha Smoot

Enter name of NEW Registered Agent and/or NEW Registered Office address:

6242 Balsam St

NEW Registered Office Address:

Cocoa, FL 32927

2024 JAN -4 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Samantha Smoot

Signature of a member or authorized representative of a member

Samantha Smoot

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Samantha Smoot

Signature of Registered Agent