L23000352169

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COVER LETTER

TO: Registration Section Division of Corporations		
	Savage LLC mited 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:	
Lawrence Robinson Name of Person		
Smartbut Savage L	LC	
10026 Boynton Place Ci	<u>r Ap</u> t 531	
Boynton Beach, FL 330 City/State and Zip Code	137	
E-mail address: (to be used for future annual repo	om rt notification)	
For further information concerning this matter, please call:		
Lawrence Robin Son at () Name of Person	561 628-0123 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	

INHS18 (2/14)

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: SmartbutSavage LLC
2 (a) 1002 to Boundary Place Code in 1002 to Boundary Place
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) National address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Bornton beach FL APT 531
32/437 touto Karch Fl 33437
The state of the s
1/26/23 L23000352169
3. Date of filing/registration in Florida 4. Document number
5. (a) United States Corporation Agents, INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
476 Riverside Ave
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Jackson ville, FL
, FL_32202 = 3
(b) Lawrence Thomas Kobinson E T
Enter name of NEW Registered Agent and/or NEW Registered Office address:
10026 Boynon Mace Cir
407 601' ====================================
API 951
Boynton Beach, FL 33437
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.
Signature of a member or authorized representative of a member Lawrence Robinien 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.

Signature of Registered Agent