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(((H24000050542 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCFILE.COM LLC

Account Number : I20220000070 Phone

: (888)462-3453

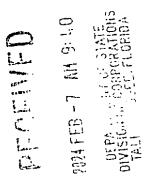
Fax Number

: (877)919-2613

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

Email Address:

efile1234@incfile.com



LLC REGISTERED AGENT CHANGE SMUGGLER'S ROUTE LLC

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COVER	LETTER

(((H240000505423)))

		(,		
TO:	Registration Section Division of Corporations		•	
SHRI	ECT:	SMUGGLER'S ROUTE LLC		
2004				
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Off	โดย Change เก	nd fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to th	e following:	
LOVE	TTE DOBSON			
	Name of Person			
	Firm/Company		<u> </u>	
17350	STATE HWY 249 STE 220			
	Address			
HOUS	TON, TX 77064			
	City/State and Zip Code			
efile11	34@incfile.com			
	E-mail address: (to be used for future ann	nual report not	ification)	
For fu	rther information concerning this matter.	, please call:		
LOVE	TTE DOBSON	i at ((888) 462-3453	
	Name of Person		Area Code & Daytime Telephon	e 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 Tallahassee, FL 32303	810
	Enclosed is a check for the following	amount:	(((H24000050542 3))
	■ \$25 Filing Fee	ū	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H24000050542 3)))

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	lame of the limited liability company: SMUGGI	LER'S ROUTE LLC
2. (a)	112 S Olcander Ave, Apt 2	(b) 112 S Oleander Ave, Apr 2
. ,	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	
	Daytona Beach, FL 32118	Daytona Beach, FL 32118
	01/09/2024	L24000021648
3. 5. (a) (b)	Date of filing/registration in Florida REPUBLIC REGISTERED AGENT LLC	4. Document number
	Registered Agent and Registered Office shown on the re	cords of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA S STE 455	TREET ADDRESS)
	MIAMI	
		egistered Office address:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	egistered Office address:
	112 S Oleander Ave Apt 2	
	NEW Registered Office Address:	
	Daytona Beach	FL 32118
chang agent was/w	e or changes are made, the Florida street addres will be identical. Or, in the case of a Florida lin	r the laws of the State of Florida, it is hereby confirmed that after the s of the registered office and the business office of the registered nited liability company, it is hereby confirmed that the change(s) inbers of the limited liability company or as otherwise provided in t of the limited liability company. John Shave
Sign	ature of a member or authorized representative of a member	Printed or typed name of signee
provis the ob to mei	by accept the appointment as registered agent of ions of all statutes relative to the proper and co- ligations of my position as registered agent as perfect agent as perfect a change in the registered office add a in writing of this change.	and agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and accept provided for in Chapter 605, F.S. Or, if this document is being filed tress, I hereby confirm that the limited liability company has been
Signat	arc of Registered Agent	(((H24000050542 3))) —–