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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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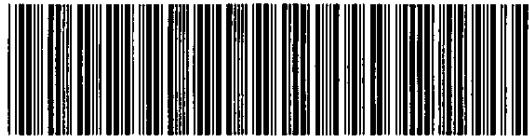
Special Instructions to Filing Officer:

A. LUNT

JUL - 8 2009

EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUL - 6 PM 1:48

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**US CorpWorks Inc.**  
**An affiliate of National Registered Agents, Inc.**  
**1638 Pennsylvania Street**  
**Denver, CO 80203**  
**888-967-5799**  
**Fax: 303-393-8900**

**FILED**  
**2009 JUL -6 PM 1:48**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

July 2, 2009

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: SMITH HAYNES & WATSON, LLC

Enclosed is the following for filing in your office:

**Statement of Change of Registered Agent—Foreign Corp.**  
**Check for \$25**

Please return evidence of the change of agent to the address above. If, for any reason, the filing cannot be made, please call the toll-free number listed above or contact me by e-mail.

Regards,



Teri Stapleton  
Service Representative  
tstapleton@uscorpworks.com

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SMITH HAYNES & WATSON, 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:

Teri Stapleton  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1638 Pennsylvania St.  
(Address)

Denver, Colorado 08203  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Teri Stapleton at ( 888 ) 967-5799  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: SMITH HAYNES & WATSON, LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

6950 WEST 56TH ST MISSION KS 66202

10/10/2006

M06000005606

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company

Name

1201 Hays Street

Address

Tallahassee, FL 32301

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box **NOT** acceptable)

Weston FL 33331

City, State and Zip

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)

Mark Curry

(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 608, 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.*

NRAI Services, Inc.

  
(Signature of Registered Agent)

Asst. Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**

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