

M 1500000 7843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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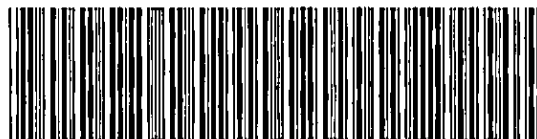
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DR SMOOD BRICKELL 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:

MATTEO DE CESCO
Name of Person

DR SMOOD GROUP INC.
Firm/Company

2200 NW 2nd AVE SUITE 211
Address

MIAMI / FLORIDA 33127
City/State and Zip Code

MISC 6) DRSMOOD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTEO DE CESCO at (786) 477 3856
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 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: DR SMOOD BRICKELL LLC
2. (a) 701 SOUTH MIAMI AVENUE #345 (b) 2200 NW 2nd AVENUE SUITE 211
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- MIAMI, FL 33130 MIAMI, FL 33127

3. 03/18/2015 Date of filing/registration in Florida 4. 115000007843 Document number

5. (a) GLENN REINECKE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2200 NW 2nd AVENUE SUITE 211
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI 33127, FL

- (b) MATTEO DE CESCO
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2200 NW 2nd AVENUE SUITE 211
NEW Registered Office Address:

MIAMI 33127 FLORIDA
, FL

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DIVISION 1

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]
Signature of a member or authorized representative of a member

MATTEO DE CESCO
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]
Signature of Registered Agent