## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000174999 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274

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

1	Address:			
·m • 1 1				

## LLC REGISTERED AGENT CHANGE STREET SMART 247 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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## **COVER LETTER**

	Registration Section Division of Corporations		٠					
SUBJEC	STREET SMART 247 LLC							
	Name of Limited Liability Company							
Dear Sir	or Madam:							
The encle	osed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.					
Please re	turn all correspondence concerning	g this matter to the	e following:					
Vanessa (	Castillo							
	Name of Person		<del></del>					
Registere	d Agent Solutions, Inc.							
	Firm/Company							
Corporate	e Center One, 5301 Southwest Pkwy,	Stc 400						
	Address							
Austin, T	X 78735							
	City/State and Zip Coo	de						
E-n	nail address: (to be used for future	annual report not	ification)					
For furth	er information concerning this ma	tter, please call:						
Vanessa (	Castillo	888 at (	705-7274					
	Name of Person		Area Code & Daytime Telephone Number					
F [ F	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
I	Enclosed is a check for the follow	ring 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. N	ame of the limited liability company:					
2. (a)	204 Caughman Farm Lane	(b		man Farm Lane		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	laiting address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Ste. 201		Ste. 201			
	Lexington, SC 29072		Lexington,	SC 29072		
	5/15/2020		M200000037	80		
3.	Date of filing/registration in Florida	4.	I	Document number		
5. (a	CT CORPORATION SYSTEM					
5. (a		Registered Agent and Registered Office shown on the records of the Florida Dept. of State				
	1200 S. PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREE					
	PLANTATION	FL_33324		2023		
(b)	Registered Agent Solutions, Inc.		2023 HAY 1.0			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	2894 Remington Green Ln.		MHI: 07			
	NEW Registered Office Address:		: 0			
	Ste. A			7		
	Tallahassee	FL_32308				
chang agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited yere authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street in the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of t	the registere I liability cor rs of the limi	d office and npany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
<i>tsJ</i>	Terri Rosales	Terri	Rosales	Vice President		
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee		
provis the ob- to met	eby accept the appointment as registered agent and a tions of all statutes relative to the proper and complo digations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change.	agree to act ete performa ided for in C , I hereby co	in this capac nce of my di hapter 605, nfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed at limited liability company has been		

Mackenzie Hibler, Asst. Secretary

Signature of Registered Agent