Ma1000012120

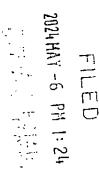
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
	MAY 14 2024					





700429165707

05/06/24--01028--018 **25.00



COVER LETTER ,

TO:	Registration Section Division of Corporations						
SUBJI	EJSMITH ENTERPRISES LLC						
00.00	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the fo	llowing:				
Michae	el Serrano						
	Name of Person		_				
ZenBu	siness Inc.						
	Firm/Company		_				
336 E.	College Ave. Suite 301						
	Address	-	_				
Tallah	assee, FL 32301						
	City/State and Zip Code	<u> </u>	_				
га@хс	enbusiness.com						
E	-mail address: (to be used for future and	nual report notific	ation)				
For fu	rther information concerning this matter.	, please call:					
Michae	el Serrano	844 at (493-6249				
	Name of Person		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	g 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. Na	ame of the limited liability company:EISMITH ENTER	RPRIS	ES LLC	
2. (a)	12770 MERIT DR. #760		(b)14902 :	PRESTON RD., STE, 404-1042
L. (<i>a)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	DALLAS, TX 75251		DALLA -	AS, TX 75254
	08/06/2021		M210000)12720
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD	the Flo	rida Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET)	4DDR	ESS)	_
	PLANTATION, FL	3332-	1	2024 MAY -6
(b)	ZenBusiness Inc.			FILED
ζ-7	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- P 0
	336 F. College Ave. Suite 301			1: 26
	NEW Registered Office Address:			
	Tallahassee, FL	3230	l	
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the	ered office company, i limited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
	Emmitt Smith III	-	Emmitt Smith	
_	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obi	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I hange.	ee to perfoi I for i hereby	act in this c mance of n n Chapter t confirm th	apacity. I further agree to comply with the will duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been
	re of Registered Agent			