P00 0000 45786

(Red	questor's Name)	
(Ado	dress)	
(Add	dress)	
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PICK-UP	WAIT	MAIL
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(Doc	cument Number)	
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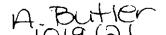
Office Use Only



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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Robb Smith Productions INc Name of Corporation		
Name of Corporation		
DOCUMENT NUMBER: P00000045786		
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Eric Godfrey		
Name of Contact Person		
Best Service Professionals		
Firm/Company		
4142 Mariner Blvd #113		
Address		
Spring Hill F1 34609	•	
City/State and Zip Code		
djrobbsmith@yahoo.com		
E-mail address: (to be used for future annual rep	ort notification)	
·		
For further information concerning this matter, please	e call:	
Robb Smith	at (727 531 - 88 \$ ¢	
Name of Contact Person	at (727 531 - 88 \$c Area Code & Daytime Telephone Number	
17 1 17 03500 1 1 1 1 1 1 1 D		
Enclosed is a \$35.00 check made payable to the Depa	arment of State.	
Mullion Address.	Street Address:	
Mailing Address: Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ROBB SMITH PRODUCTIONS
2. The principal office address: 4142 MARINER BLUD #113 SPRING HILL FL 34609
3. The mailing address (if different): 4. Date of incorporation/qualification: 06/2000 Document number: <u>F000000 4578</u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
JEFFREY HERZOG - RESIGNED
21/1 /1C 19 1/T
3106 US 19 ALT PALM HARBOK FC 34683 6. The name and street address of the new registered agent (if changed) and /or registered office.
6. The name and street address of the new registered agent (if changed) and /or registered office
ERIG GODFREY
ERIG GODFREY 4142 MARINER BLVD #1/3 FF P.O. Box NOT acceptable
SPRING HILL FL 34609
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in writing of the change.
Signature of an officer or director NAUNDA SMITH Printed or typed name and title
l 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent 9/27/202; Date
Signature of Registered Agent / Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)