

(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.  HICKE Start gave  Unit Marsala.  M 10/23
ac 10/23

Office Use Only



400023741514

10/20/03--01049--025 \*\*35.00



10/

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Smart Properties, Inc. (Name of corporation)	
DOCUMENT NUMBER: POIOCO SIOYG	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi	ling
Please return all correspondence concerning this matter to the following:	
Clenn E. Grant (Name of person)	
Smort Properties, Inc. (Name of firm/company)	
3455 Pine Ridge Rd. Suite 101 (Address)	
Naples, Florida 34109 (City/state and zip code)	
For further information concerning this matter, please call:	
Glenn E. Grant at (139 ) 593-9333 (Name of person) (Area code & daytime telephone number)	
(Name of person)  (Area code & daytime telephone number)  Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of FLorida change is submitted for a corporation organized under the laws of the State of \_\_\_ to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation:\_ 2. The principal office address: 3. The mailing address (if different): Same as 4. Date of incorporation/qualification: 05-15-01 Document number: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: 34105 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): clo Cardillo Tamiani Trail East (P.O. Box or personal mailbox NOT acceptable) Naples FL, 34112 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 the board, or was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the corporation has been notified in writing of the change.

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 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) 10/8/03 (Date)

If signing on behalf of an entity:

TVis MARSALA
(Typed or Printed Name)

(Signature of an officer or director)

- (Capacity)