## P0100059304

(Re	questor's Name)	
(Ad	dress)	10-17-17-17-1
(Ad	ldress)	
Cit	ty/State/Zip/Phon	<u>a #1)</u>
(Oil	yrotaterziph non	υ <del>π</del> )
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
,	_	
Special Instructions to	Filing Officer:	
		÷

Office Use Only



600183484946

minist.

07/27/10--01012--019 \*\*35.00

10 JUL 27 PH 1: 32

Mysign

## COVER LETTER

TO: Amendment Section Division of Corporations SMITH RAVITY BULGERS, WC. DOCUMENT NUMBER: P0 1000059304 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STRPHEN S. GALMME SMITH TROUTY BUILDES, INC. 3725 West Grace street, Suitc 100 Tampa FL 33407
City/State and Zip Code SGRIMME @ SMITHRQUITY, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: STRPHON S. GALMAR' at (727) 946-6700

Name of Contact 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Ţ,

## 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: SMith Equity Builders Inc
2. The principal office address: 3725 West Grace Street, SUITE 100, Tampa, FL 33607
3. The mailing address (if different):
4. Date of incorporation/qualification: <u>10 12 2001</u> Document number: <u>P0100059304</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)
Stephen & anme
427 Bayou Village Drive
Tarpon Springs, FL 34689
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Stephen S Gimme & &
3725 West Grace Street suite IDD
Tampa, FL 33407
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, or the corporation has been notified in writing of the change.
STEPHEN S. GEIMME
Signature of an officer or director  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.
corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
STROHON S. GRIMAR'
Typed or Printed Name  * * * FILING FEE: \$35.00 * * *
E EMILIA A CITAL PROFILE

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314