## P0300013065

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PICK-UP	WAIT	MAIL
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(Bu	isiness Entity Name	)
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Certified Copies	Certificates o	f Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Smyth Builders Inc. Name of Corporation
DOCUMENT NUMBER: <u>P03000130615</u>
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:
Harold H. Smyth Name of Contact Person  Smyth Builders Inc. Firm/Company
P.O. Box 13096 Address
Ft. Pierce FC 34979 City/State and Zip Code
E-mail address: (to be used for Auture annual report notification)
For further information concerning this matter, please call:
Harold Smyth at (772) 201-82-30 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

## 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 Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Smyth Builders Inc.
2. The principal office address: 1611 Surfs: de Dr. Ft. Pierre, FC 34949
3. The mailing address (if different): P.O. Box 13088, Ft. Pierce, Fc 34979
4. Date of incorporation/qualification: 11/12/2003 Document number: P03000130615
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)
Harold H. Smyth
1611 Sichside De
- KUT+ Pierce, FC 34949
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Harold H. Smill 題皇 三
2200
P.O. Box NOT acceptable
Ft. Pierce, FL 34946
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 emporation has been notified in writing of the change.
authorized by the board or the comporation has been notified in writing of the change.
Signature of an order or director  Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity.
I further garee 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 carpo attem has been notified in writing of this change.
Signature of Degistered Agent Date
If signing on behalf of an entity:
Smy the Brilders Inc.  Typed or Printed Name  Herold W. Smy th *** FILING FFF: \$35.00 ***
Herold H. Smy th *** FILING FFF: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)