P08000052801

(Re	equestor's Name)				
(Address)					
(Ac	ldress)				
(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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SECHEWART OF STATE
TALLAHASSEE FLORIDA

C. GOLDEN MAY 3 0 2017

COVER LETTER

TO: Amendment Section **Division of Corporations** Smith & Associates Property Management of Bay County, Inc. Name of Corporation P08000052801 **DOCUMENT NUMBER:** 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: William F. Smith Name of Contact Person Smith & Associates Property Management of Bay County, Inc. Firm/Company 13510 C Hutchison Boulevard Panama City Beach, FL 32407 City/State and Zip Code For further information concerning this matter, please call: William F. Smith Name of Contact Person

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

statement of cha	provisions of sections 607.050 ange is submitted for a corpora	ution organized under	the laws of the Stat	re of Florida
	er to change its registered office the corporation: Smith & As			
2. The principal	office address: 13510 C H City Beach, FL 32407			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 5/28/	2008 Docu	ment number: P0	8000052801
	d street address of the current retrieved, en		gistered office on f	ile with the
	Timothy J. Sloan			
	427 McKenzie Avenu	ıe		
	Panama City, FL 324	01		2017 H
6. The name and (if changed):	d street address of the new regis	stered agent (if change	ed) and /or registere	Lider Cu
	William F. Smith			_
	13510 C Hutchison B	Boulevard		3: 4.1
	Panama City Beach,	PO. Box NOT acceptable FL 32407		
The street addre	ess of its registered office and be identical.	the street address of t	he business office	of its registered agent,
Such change wa authorized by th	as authorized by resolution duline board, or the corporation ha	ly adopted by its boards been notified in wri	d of directors or by	y an officer so
Signatu	Julia J Chaff		F. Smith	
I further garee i	the appointment as registered to comply with the provisions my duties, and I am familiar visit document is being filed mer that the corporation has been mature of Registered Agent	of all statutes relative	ect in this capacity.	complete vition as registered office address, I
If signing on be	half of an entity:			
William F. S				
Ty	vned or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *