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(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

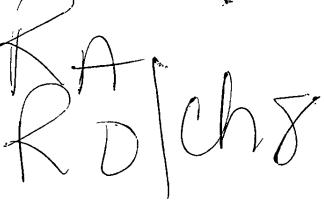




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TALLAMASSEE. FLORIDA



COVER LETTER

TO:

Amendment Section Division of Corporations

Survect. Nerina Smart, P.A.

Name of Corporation

DOCUMENT NUMBER

209000016977

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:

Nerina Smart

Name of Contact Person

Nerina Smart, PA

Firm/Company

100 S. Pine Island Road, Suite 140

Address

Plantation, FL 33324

City/State and Zip Code

nsmart@smartlawpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nerina Smart

,,954

309-7685

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

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

_	ons of sections 607.0302, 617.0302 submitted for a corporation organi		
	ange its registered office or registe		
1. The name of the corp	oration: Nerina Smart, PA		
2. The principal office a	address: 100 S. Pine Island	Road, Suite 140,	Plantation, FL 33324
3. The mailing address	(if different):		
4. Date of incorporation	n/qualification: 02/23/2009	Document number:	P09000016977
5. The name and street	address of the current registered ag of State: (If resigned, enter resigned		on file with the
Nerir	na Smart		
1424	1 S. Andrews Avenue, S	uite 100	20
Ft. L	auderdale, FL 33316		55 TO
6. The name and street (if changed):	address of the new registered agen	nt (if changed) and /or regis	700 平 门
<u>Nerii</u>	na Smart, Esq.		1 3: 56
100	S. Pine Island Road, Su	ite 140	高州 6
Plan	P.O. Box NOT tation, FL 33324	acceptable	
The street address of it as changed will be ider	ts registered office and the street a	address of the business of	fice of its registered agent,
Such change was authorized by the board	orized by resolution duly adopted d, or the corporation has been not	by its board of directors of the cha	or by an officer so nge.
Signature of an o	illicer or director	Nerina Smart, Es	• •
I hereby accept the app I further agree to comp performance of my dut agent. Or, if this docu hereby confirm that the	pointment as registered agent and oly with the provisions of all statu- ties, and I am familiar with and a ment is being filed merely to refle e corporation has been notified in	d agree to act in this capa ites relative to the proper ccept the obligation of my ect a change in the registe n writing of this change.	city. and complete position as registered red office address, I
Signature of	Registered Agent	11/23/2015	
If signing on behalf of		5 	
Nerina Smart, E	•		
	rinted Name		

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

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