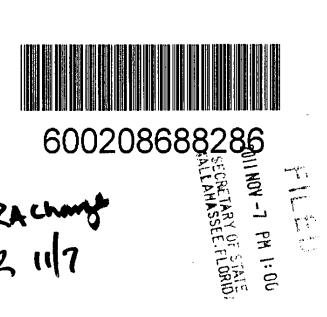
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SHART 6800P INC Name of Corporation
DOCUMENT NUMBER: 311A00019155. P090000 42907
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:
TERESA VAREAS Name of Contact Person
SMART GROUP INC, OBA ASADO XPRESS.
9141 SW 153 Place Mioni Address
Momi 7133196. City/State and Zip Code
E-mail address: (to be used for future adnual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (813) 210 2948 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

CR2E045 (8/05)

statement of change is submitted for a corporation organized under the laws of the State of <u>Clocked</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SHART GROUP INC. 2. The principal office address: 13327 SW 42 SWEET MICHIEL 33175.
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number:
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)
DANIEL VAREAS
9141 5W 153 PLACE \$0 8
MICM I FL 33196.
6. The name and street address of the new registered agent (if changed) and /or registered office
TERESA VARGAS.
914 SW 153 PLACE
P.O. Box NOT acceptable MISSEL 33196
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.
Signature of an officer 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 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 polified in writing of this change.
Signature of Regtyted Agent .
If signing on behalf of an entity:
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)