

P09000076944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

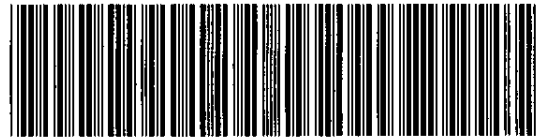
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 19 PM 12:22

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R.A. Charge
C.COULLETTE

JAN 20 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: S.M.A. Industries Inc.
Name of Corporation

DOCUMENT NUMBER: P09000076944

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:

Sabrina Adams
Name of Contact Person

S.M.A. Industries, Inc.
Firm/Company

10825 NW 19 Avenue
Address

Miami, FL 33167
City/State and Zip Code

smaindustries@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Adams at (305) 970-6399
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: S.M.A. Industries, Inc.
- 2. The principal office address: 10825 NW 19 Avenue
Miami, FL 33167
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 09/15/2009 Document number: P09000076944

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)

Atty Cecily Robinson-Duffie
13899 Biscayne Boulevard #206
Miami, FL 33181

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sabrina M. Adams
10825 NW 19 Avenue
Miami, FL 33167

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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.

Sabrina M. Adams
Signature of an officer or director

Sabrina M. Adams
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 notified in writing of this change.

Sabrina M. Adams
Signature of Registered Agent

01/14/2010
Date

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