P11000017500

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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SLORETARY OF FLORID

MR 8-9-11

COVER LETTER

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SMITH
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INC.
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inual report notification)
,
305 \ 7334058
rea Code & Daytime Telephone Number
State.
Street Address:
Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA are to change its registered office or registered agent, or both, in the State of Florida.
	office address: 16620 SW 78TH TER MIAMI FLORIDA 33193
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: FEB 18 2011 Document number: P11000017500
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	NICK SMITH
	16609 SW 79TH TER
	MIAMI, FL. 33193
6. The name and (if changed):	MIAMI, FL. 33193 I street address of the new registered agent (if changed) and /or registered office NEWELL (NICK) L. SMITH 16620 SW 78TH TER P.O. Box NOT acceptable
	NEWELL (NICK) L. SMITH
	16620 SW 78TH TER
	P.O. Box NOT acceptable MIAMI, FL. 33193
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signalu	WEWELL (Nick) L. Smith President
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the refer notified in writing of this change.
	milture of Registered Agent Date
	half of an entity:
Т:	yped or Printed Name

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

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