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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone (307) 200 - 2803 (855)330-1010 Fax Number

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## REGISTERED AGENT CHANGE SMF COMMUNICATION SYSTEMS INC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508. a				
	lange is submitted for a corporation organized under the ler to change its registered office or registered agent, or			<u>.                                    </u>	
		•	r ioriaa.		
1. The name of	the corporation: SMF COMMUNICATION SYSTEMS IN	лС			
2. The principal	if office address: 155 OFFICE PLAZA DR, 1ST FLR				
TALLAHAS	SEE, FL 32301		· · · · · · · · · · · · · · · · · · ·		
3. The mailing	address (if different):			. <del></del> -	
4. Date of incor	rporation/qualification: 09/26/2016 Docume	ent number: P16000	078648		
	nd street address of the current registered agent and regis artment of State: (If resigned, enter resigned)	tered office on file w	vith the		
	PARACORP INCORPORATED		_		
	155 OFFICE PLAZA DRIVE, 1ST FLOOR		_		
	TALLAHASSEE, FL 32301		3. 2) 3. 2)	2017	
6. The name an (if changed):	nd street address of the new registered agent (if changed)	and /or registered of	ffice and	2017 OCT 27	
	Registered Agents Inc.	·		AH	
	3030 N. Rocky Point Dr. STE 150A		40 ***	60	U
	P.O. Box NOT acceptable		19 (1)	<u>ئ</u> ون	
	Tampa FL 33607		-		
The street addr as changed wil	ress of its registered office and the street address of the II be identical.	business office of i	ts registered	agent,	
Such change wanthorized by t	vas authorized by resolution duly adopted by its board of the board, or the corporation has been notified in writing	of directors or by an ng of the change.	officer so		
	7	- 1-1/2	Pan	·	_/
Signal	ture of an alliper or director	rinted or typed name and til	tle 1265	<u> </u>	$\mathcal{T}$
I further agree performance o agent. Or, if it	of the appointment as registered agent and agree to act to comply with the provisions of all statutes relative to If my duties, and I am familiar with and accept the obli his document is being filed merely to reflect a change in In that the corporation has been notified in writing of the	o the proper and con gation of my position in the registered office	n as register	red !	
Bee Ha	10-27-26	017			
Si	ignature of Registered Agent	Date			
If signing on be	chalf of an entity:				
Bill Havre					
,	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

CR2È045 (03/12)