P17000038604

(Requestor's Name)		
(Address)		
(Address)		
, ,		
(City/State/Zip/Phone #)		
(Only other Elph Holle #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Smith, Bell & Associates, Inc. Name of Corporation	
DOCUMENT NUMBER: P17000038604	
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Donald B. Smith	
Name of Contact Person	
Smith, Bell & Associates, Inc.	
Firm/Company	
948 Pocahontas Drive	
Address	
Fort Walton Beach, FL 32547	
City/State and Zip Code	
donfloridasmith@aol.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	ise call:
Donald B. Smith	21.(214)587-7349
Name of Contact Person	at (214)587-7349 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	partment of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of che	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stat. unge is submitted for a corporation organized under the laws of the State of Flor er to change its registered office or registered agent, or both, in the State of Flor.	rida
	the corporation: Smith, Bell & Associates, Inc.	
	office address: 948 Pocahontas Drive Fort Walton Beach, FL 32547	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: April 28, 2017 Document number: P170000386	304
	d street address of the current registered agent and registered office on file with t rtment of State: (If resigned, enter resigned)	he
	Legal Zoom	
	5575 South Semoran Blvd Suite 36	
	Orlando, FL 32822	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	ζυίυ.
	Pamela T. Smith	22 8
	948 Pocahontas Drive	<u> </u>
	P.O. Box NOT acceptable	
	Fort Walton Beach, FL 32547	52
The street address changed will	ess of its registered office and the street address of the business office of its reliberated.	gistered agent,
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an off board, or the corporation has been notified in writing of the change.	icer so
	Donald B. Smith Printed or typed name and title	
I hereby accept I further agree of my duties, ar document is be	the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and comple and I am familiar with and accept the obligation of my position as registered ag ing filed merely to reflect a change in the registered office address. I hereby of s been notified in writing of this change.	te performance gent. Or, if this onfirm that the
Jam)	mith	
If signing on bo	chalf of an entity:	· · · · · · · · · · · · · · · · · · ·
0.56 011 00		
T	'yped or Printed Name	

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