P170000 76579

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U!	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer	-
Opecial instructions	o to rining Officer,	





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PILED

2020 SEP 16 PH 1: 04

SECRETARY OF STATE

SACRETARY OF STATE

JQ10/21/20

COVER LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: Smith Building Inc Name of Corporation	
DOCUMENT NUMBER: P17000076579	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Jason Smith	
Name of Contact Person	
Smith Building Inc	
Firm/Company	
1327 SE 2nd Ave	
Address	
Fort Lauderdale, FL 33316	
City/State and Zip Code	
Jasons@smithbuildinginc.com	
E-mail address: (to be used for future annual rep-	ort notification)
·	
For further information concerning this matter, please	e call:
Jason Smith	at (954) 909-4483
Name of Contact Person	at (954) 909-4483 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/L3)

Tallahassee, FL 32314

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

statement of cha	inge is submitted for a corporal	2, 617.0502. 607.1508, or 617.1508, Florida Statutes, tion organized under the laws of the State of	
		or registered agent, or both, in the State of Florida.	
	the corporation: Smith Building		
2. The principal	office address:	e Ft. Lauderdale, FL 33316	
		bove	
4. Date of incorporation/qualification: Document number: P1700007657		Document number: P17000076579	
5. The name and		gistered agent and registered office on file with the	
	Jason Smith		
	Jason Smith 1318 SE1"	Ave	. 2
	Ft. Lawreck Ft	33316	920 S
6. The name and (if changed):	I street address of the new regis	stered agent (if changed) and /or registered office	920 SEP 16
	Jason Smith	0) C (1) T	PH
	1327 SE 2nd Ave		PH 1: 04
		P.O Box NOT acceptable	i -
	FT. Lauderdale, FL 33316		
The street addre	ess of its registered office and be identical.	the street address of the business office of its register	ed agent,
Such change wa authorized by th	as authorized by resolution dul ne board, of the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.	o
		Jason Smith, President	
Signata		Printed or typed name and title	
I further agrée i of my duties, an document is bei	to comply with the provisions of	agent and agree to act in this capacity. of all statutes relative to the proper and complete per of the obligation of my position as registered agent, inge in the registered office address, I hereby confir is change.	rformance Or, if this n that the
(September 02, 2020	
Sigi	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Trs	on Smith		
	ped or Printed Name		

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