P1800000 7121

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·	
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
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2020 F.B.S. - 3 P.M. 4: OC

APR 2.2.2020
I ALBRITTON

COVER LETTER	*
TO: Amendment Section Division of Corporations	
SUBJECT: SMYTH HOLDINGS, INC	
Name of Corporation	
DOCUMENT NUMBER: P18000007127	
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
JOHANNE SMYTH	
Name of Contact Person SMYTH HOLDINGS, INC	
Firm/Company PO BOX 398215	
Address MIAMI BEACH, FL 33239	
City/State and Zip Code JOHANNESMYTH@GMAIL.CO	<u></u> РМ
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
JOHANNE SMYTH	305 619-4494 at (
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	ertment of State.
Mailing Address: 'Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 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

in order	ge is submitted for a corporation of to change its registered office or t SMYTH HOLDIN	registered agent, or both, in the	State of Florida.	
1. The name of the 2. The principal of	ne corporation:	BLVD APT 3505, MIAML FL 3	3131	
3 The mailing ac	Idress (if different): PO BOX 3983 02.01.2018	215, MIAM BEACH, FL 33239		
4. Date of incorp	oration/qualification: 02.01.2018	Document number:	P18000007127	
	street address of the current registement of State: (If resigned, enter re		on file with the	
·	JOHANNE SMYTH			
	4779 COLLINS AVE., APT 3908			
1	MIAMI BEACH, FL 33140		2020 PP	
6. The name and (if changed):	street address of the new registere		9	
ł	JOHANNE SMYTH		PH [7	
	335 S. BISCAYNE BLVD., APT 3505 P.O. Box NOT acceptable			
1	MIAMI, FL 33131	P.O. Box NOT acceptable		
The street addre	ss of its registered office and the be identical.	street address of the business of	office of its registered agent.	
	is authorized by resolution duly a te board, at the corporation has be			
JOHANNE SMYTH - PRESIDE				
~	e of an officer or director		d name and title	
I further agree i of my duties, an document is bei	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept to ny filed merely to reflect a chang been notified in writing of this c	ill statutes relative to the prope he obligation of my position as e in the registered office addre	vacuy. er and complete performance is registered agent. Or, if this ess, I hereby confirm that the	
	7	03.30.2020		
Sig	puture of Registered Agent	D	ate	
If signing on be	half of an ontity:	,5		
	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 (04/13)