

FILED  
18 MAR 13 PM 3:52  
FALLS CHURCH, VA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SMARTLATBUILDERS CORP

Name of Corporation

**DOCUMENT NUMBER:** P18000017561

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VALDIS ORSKIS

Name of Contact Person

SMARTLATBUILDERS CORP

Firm/Company

623 EAST CARSON STREET

Address

TALLAHASSEE, FL 32310

City/State and Zip Code

SMOTRA179@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALDIS ORSKIS

Name of Contact Person

at ( 754 ) 264-5603

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SMARTLATBUILDERS  
 2. The principal office address: 623 EAST CARSON STREET, TALLAHASSEE, FL 32310

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/21/2018 Document number: P18000017561

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ORSKIS, VALDIS

623 EAST CARSON STREET

TALLAHASSEE, FL 32310

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ORSKIS, VALDIS

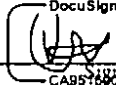
623 CARSON DR

P.O. Box NOT acceptable

TALLAHASSEE, FL 32305

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

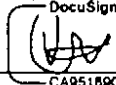
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

DocuSigned by:  
  
 Signature of an officer or director

**VALDIS ORSKIS**

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

DocuSigned by:  
  
 Signature of Registered Agent

**03/08/2018**

Date

If signing on behalf of an entity:

**VALDIS ORSKIS**

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

CR2E045 (03/12)

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