

PS000019139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

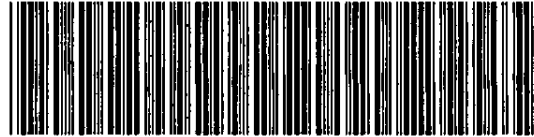
(Business Entity Name)

(Document Number)

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White

R. WHITE
APR 05 2018

18 APR -11 PM 1:03

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Smart Choice Marketing And Consulting Group
Name of Corporation

DOCUMENT NUMBER: 82-0807278

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:

Liza Stonecipher

Name of Contact Person

Smart Choice Marketing And Consulting Group Inc

Firm/Company

2049 South Ridgewood Ave

Address

South Daytona, FL 32119

City/State and Zip Code

info@smartchoicemarketing.net

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

For further information concerning this matter, please call:

Liza Stonecipher

Name of Contact Person

at (844) 385-0274

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2018

LIZA STONECIPHER
2049 SOUTH RIDGEWOOD AVE
S DAYTONA, FL 32119

SUBJECT: SMART CHOICE MARKETING AND CONSULTING GROUP INC.
Ref. Number: P18000019139

We have received your document for SMART CHOICE MARKETING AND CONSULTING GROUP INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 6 cannot be left blank. Please complete section 6 with the new registered agent's information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 218A00006024

RECEIVED
18 APR -4 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Smart Choice Marketing And Consulting Group Inc
2. The principal office address: 2049 South Ridgewood Ave, South Daytona FL 32119

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/26/18 Document number: 82-0807278

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)

Liza Stonecipher

2049 South Ridgewood Ave, South Daytona FL 32119 (Office)

808 Lafayette St Port Orange, FL 32129 (Home)

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

Liza Stonecipher

2049 South Ridgewood South Daytona

P.O. Box NOT acceptable

FL 32119

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.

Liza Stonecipher

Signature of an officer or director

Liza Stonecipher President

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.

Liza Stonecipher

Signature of Registered Agent

3/20/18

Date

If signing on behalf of an entity:

Liza Stonecipher

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)

18 APR -4 PM 1:03