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COVER LETTER

TO: Amendment Section **Division of Corporations** D'Amico and Smiths, Inc. Name of Corporation P18000089360 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: Steven Smith Name of Contact Person D'Amico and Smiths, Inc. Firm/Company 4417 13th Street, Unit 410 Saint Cloud, FL 34769 City/State and Zip Code steve@damicoandsmiths.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steven Smith Name of Contact Person

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	ange is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: D'Amico and Smiths, Inc.
	office address: 4417 13th Street, Unit 410 oud, FL 34769
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 10/26/18 Document number: P18000089360
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Steven Smith
	3440 Pawleys Loop North
	Saint Cloud, FL 34769
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Steven Smith A417 13th Street Unit 410
	4417 15th Street, Onlt 410
	P.O. Box NOT acceptable
The street addre	Saint Cloud, FL 34769 ess of its registered office and the street address of the business office of its registered agent, be identical.
	₩,
	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
- JW // Signatu	1 A A Mi W Taylor L D'AWI CO President re of an officer or director Printed or typed name and title
I further jagree performance of	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
+	- LS - 18" MARCH 2019
Sig	mature of Registered Agent Date
If signing on be	chalf of an entity:
T	yped or Printed Name

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