

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000040056 3)))



H230000400563ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

REGISTERED AGENT CHANGE DAMPR SEARCH CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of change is si	dmitted for a corporation o	7,0502, 607,1508, or 617,1508, Florida S organized under the laws of the State of $\frac{\Gamma}{2}$ egistered agent, or both, in the State of F	Florida					
	•		wrau.					
	Dampr Search (
	idress: 7901 4th St N ST	1E 300						
St. Petersburg FL 3								
		N STE 300 St. Petersburg FL 33						
4. Date of incorporation/	qualification: 02/01/20	Document number: P20000	011893					
	ddress of the current registe. State: (If resigned, enter re	red agent and registered office on file wit signed)	th the					
SMA	ART LLC							
8200	HIALEAH GARDE	NS BLVD #8	2023					
HIAL	EAH, FL 33018		JAN					
8200 HIALEAH GARDENS BLVD #8 HIALEAH, FL 33018 6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed):								
<u>North</u>	west Registered A	gent LLC	8: 02					
7901	4th St N STE 300		· 🔠 🔊					
		O. Box NOT acceptable						
St. Pe	St. Petersburg FL 33702							
The street address of its as changed will be ident	registered office and the stical.	reet address of the business office of its	registered agent.					
		opted by its board of directors or by an on notified in writing of the change.	officer so					
Signature of an offi	cer or director	Marlon Perez, President Printed or typed name and title						
I further agree to complete for my duties, and I am for document is being filed in	ointment as registered agen wwith the provisions of all amiliar with and accept the merely to reflect a change (atified in writing of this cha	it and agree to act in this capacity, statutes relative to the proper and comp obligation of my position as registered in the registered office address, I herebyinge.	plete performance 'agent. Or, if this v confirm that the					
77-N-		January 31, 2023						
Signature of Re	gistered Agent	Date						
If signing on behalf of a	n entity:							
Taylor Newman								
Typed or Prin	ted Name							

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

Make Checks payable to Florida Department of State