Pacoopaly

	Requestor's Name)	
•		
(/	Address)	
(/	Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(8	Business Entity Name)	
(1	Document Number)	
Copies	Certificates of	Status
al Instructions to F	iling Officer:	
J. HORNE		
MAR 2 9 2023		
	•	

Office Use Only



200405483212





FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03/28/23

NAME: SMOKY BLUE CONSULTING, INC.

TYPE OF FILING: CHANGE OF RA

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION; ABBIE/PAUL HODGE

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: SMOKY BLUE CONSULTING, INC.	
Name of Corporation	
DOCUMENT NUMBER: P20000094214	
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	owing:
MICHELE DELUCA	
Name of Contact Person	
SMOKY BLUE CONSULTING, INC.	
Firm/Company	
C/O AQUILLANO 4971 BONITA BAY BLVD., UNIT 601	
Address	
BONITA SPRINGS, FL 34134	
City/State and Zip Code	
michele@smokyblueconsulting.com	
E-mail address: (to be used for future annual report notificati	on)
For further information concerning this matter, please call:	
MICHELE DELUCA at (3	10 592-8740
	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 Taliahassee, FL 32314

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR28045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 6 nge is submitted for a corporation organized r to change its registered office or registered	under the laws of the State of Florida	, this
1. The game of t	he corporation: SMOKY BLUE CONSULTIN	IG, INC.	
2. The principal BONITA SPRIN	office address: C/O AQUILLANO 4971 BOX	ITA BAY BLVD., UNIT 601	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 11/24/2020	Document number: P20000094214	
5. The name and Florida Depar	street address of the current registered agent iment of State: (If resigned, enter resigned)	and registered office on file with the	202 1311
	FLORIDA FILING & SEARCH SERVICES, I	NC	
	155 OFFICE PLAZA DRIVE		25 45
	TALLAHASSEE, FL 32301		8
6. The name and (if changed):	street address of the new registered agent (if	changed) and /or registered office	11:5:11
	GKL REGISTERED AGENTS, INC.		
	28089 VANDERBILT DR., SUITE 201		
	P.O. Box HOT BONTTA SPRINGS, FL 34134		
_	ss of its registered office and the street addr be identical.		
Such change was authorized by the	s authorized by resolution duly adopted by a board, or the corporation has been notified	its board of directors or by an officer in writing of the change.	50
	of an officer of director	ICHELE DELUCA, PRESIDENT Printed of typed thinks and true	
I hereby accept I further agree to of my duties, and document is being comporation has	he appointment as registered agent and ag o comply with the provisions of all statutes if I am familiar with and accept the obligating ig filed merely to reflect a change in the reg been spitified in writing of this change.	ree to act in this capacity, relative to the proper and complete p on of my position as registered agent, istered office address, I hereby confu	erformance Or if this on that the
fin f	fure of Registered Agent	3.28.23	
f signing on bel	alf of an entity:		
Jenny	er Lykin		
	sed or Prinsed 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 (04/13)