P98000053453

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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SECHETARY OF STAIL
DIVISION OF CORPURATION
OF SEP 28 PH 20 OO

C.COULLIETTE
SEP 2 9 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJE	CT: SM Ventures, Inc. Name of Corporation						
DOCU	MENT NUMBER: P98000053453						
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:							
Kelly Wilson Name of Contact Person							
Name of Conact Person							
	Firm/Company						
	110 Solana Road #102 Address						
	Ponte Vedra Beach, FL 32082						
City/State and Zip Code							
kelly@wilsonoptical.com							
E-mail address: (to be used for future annual report notification)							
For furt	er information concerning this matter, please call:						
Kelly	Wilson at (904) 280-3035	_					
	Name of Contact Person Area Code & Daytime Telephone Number						
Enclose	is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Amendment Section Street Address: Amendment Section						
	Division of Corporations Division of Corporations						
	P.O. Box 6327 Clifton Building						
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301						

CR2E045 (8/05)

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

Pursuant to the provisions of s statement of change is submitt in order to change its	ed for a corporation orgo		State of Florida	his 	
1. The name of the corporation	1; SM Ventures, Inc.				
2. The principal office address	: 110 Solana Road #102	2, Ponte Vedra Beach, FL 3	2082		
3. The mailing address (if diffe	erent):				
4. Date of incorporation/qualif	ication:	Document number:	P98000053453		
5. The name and street address Florida Department of State.			on file with the		
Fred L. Ahe	ern (resigned)	<u></u>			
2915 S. Thir	d St. Suite 101	····		=	SEVIE
Jacksonville	Beach, FL 32250			SEP	
The name and street address (if changed):	of the new registered age	ent (if changed) and /or regis	tered office	28 PM	ARY OF S
Kelly E. Wils	son			₽	S I AI
_110 Solana		OT acceptable		مسئد	
Ponte Vedra	Beach, FL 32082	от ассерциие			
The street address of its regist as changed will be identical.				ed ager	nt,
Such change was authorized bauthorized by the board, or the		ed by its board of directors of otified in writing of the cha	or by an officer so ange.	ì	
Signature of an officer or d	ousides fector	Ruth Wilson, President Printed or typed r	t name and title		-
I hereby accept the appointme I further agree to comply with of my duties, and I am familia document is being filed merely corporation has been notified	nt as registered agent at the provisions of all sta r with and accept the ob to reflect a change in th in writing of this change	nd agree to act in this capa tutes relative to the proper ligation of my position as r he registered office address t.	city. and complete perj egistered agent. (c, I hereby confirm	forman Or, if ti that ti	ıce his he
Hall .		9/23/11			
Signature of Registered If signing on behalf of an entit	_	Date			-
Kelly E. Wilson	<i>y</i> •				
Typed or Printed Nam	ne				

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