. 33054 US			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
: THELBERT SMITH			04/29/2016
Electronic Signature of Registered Agent			Date
tor Detail :			
PRES	Title	SEC	
SMITH, THELBERT	Name	BELLINGER, TI ANDRE	
15281 NW 18TH AVE	Address	161 NE 76ST	
OPA-LOCKA FL 33054	City-State-Zip:	MIAMI FL 33138	
TREA			
SMITH, MAURICE			
2760 NW 131ST			
OPA LOCKA FL 33054			
	entity submits this statement for the purpose of changing its regi THELBERT SMITH Electronic Signature of Registered Agent tor Detail : PRES SMITH, THELBERT 15281 NW 18TH AVE OPA-LOCKA FL 33054 TREA SMITH, MAURICE 2760 NW 131ST	entity submits this statement for the purpose of changing its registered office or regis THELBERT SMITH Electronic Signature of Registered Agent tor Detail : PRES Title SMITH, THELBERT Name 15281 NW 18TH AVE Address OPA-LOCKA FL 33054 City-State-Zip: TREA SMITH, MAURICE 2760 NW 131ST	entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fe THELBERT SMITH Electronic Signature of Registered Agent tor Detail : PRES Title SEC SMITH, THELBERT Name BELLINGER, TI ANDRE 15281 NW 18TH AVE Address 161 NE 76ST OPA-LOCKA FL 33054 City-State-Zip: MIAMI FL 33138 TREA SMITH, MAURICE 2760 NW 131ST

15281 NW 18TH AVE OPA-LOCKA, FL 33054 US

### FEI Number: 27-3176916

**Current Mailing Address:** 

#### Name and Address of Current Registered Agent:

SMITH, THELBERT 15281 NW 18 AVE .... OPA-

# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

### SIGNATURE: THELBERT SMITH

Electronic Signature of Signing Officer/Director Detail

Entity Name: ST.MATTHEW #96 INC.

## **Current Principal Place of Business:**

5594 NW 7 AVE MIAMI, FL 33127

Apr 29, 2016 Secretary of State CC6206516213

FILED

Certificate of Status Desired: No

PRES

