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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : VICTOR LERRO & COMPANY, P.A.

Account Number: I20040000118 : (561)995-0064 Fax Number : (561)995-7551

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 THINKSMART, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Thinksmart, Inc.					
Name of Corporation					
DOCUMENT NUMBER: F0800000620					
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:					
Victor Lerro					
Name of Contact Person					
Lerro & Chandross, PLLC					
Firm/Company					
50 SW 2nd Ave, Suite 201					
Address					
Boca Raton, FL 33432					
City/State and Zip Code					
sconley@vcpa.com					
E-mail address: (to be used for future annual report notification)					
the state of the s					
For further information concerning this matter, please call:					
Victor Lerro561 _995-0064					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Street Address:					
Amendment Section Amendment Section					
Division of Corporations Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building					
7.0. DOX 0527 Citton building					

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut inge is submitted for a corporation organized under the laws of the State of <mark>Delaw</mark> r to change its registered office or registered agent, or both, in the State of Florid	rare	_
1. The name of t	the corporation: Thinksmart Inc.		
2. The principal	office address: 50 SW 2nd Ave, Suite 201 on, FL 33432		
3. The mailing a	ddress (if different):		_
4. Date of incor	poration/qualification: 2/08/2008 Document number: F0800000	0620	
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	*	
	CORPORATION SERVICE COMPANY		
	1201 HAYS STREET	¬	esis.
	TALLAHASSEE, FL 32301	SECT	2013 JUL 10
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):			
	Lerro & Chandross, PLLC	, mg/	- 2€
	50 SW 2nd Ave, Suite 201	STA	<i>∴</i>
	P.O. Rox NOT acceptable Boca Raton, FL 33432	<u>G</u> E	9
The street address changed will	ess of its registered office and the street address of the business office of its regi	stered ag	ent,
•	as authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	r so	
Signatu	NATALE MONTALENO Printed or typed name and title		_
1 - 0	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 r is document is being filed merely to reflect a change in the registered office add that the corporation has been notified in writing of this change.	egistered iress, I	
VE	7/10/13		
Sig	nature of Registered Agent Date		_
If signing on be	chalf of an entity. CELUS vood or Printed 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

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