Electronic Filing Cover Sheet

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.

(((H18000059254(3)))



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

Ta:

Division of Corporations

Fax Number

: (850)617-6383

RECEIVED

FEB 2 1 2018

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (514)280-3338

Fax Number : (954)208-0845

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

Email	Address:
-------	----------

LLC REGISTERED AGENT CHANGE SPRINGHTLL SMC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 2 2 2018

Y SULKER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(n)	ame of the limited liability company:	(b)ocha	unge
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01/19/2007 Date of filing/registration in Florida	M07000	000341 Document number
(a)	• •		
(a)	Registered Agent and Registered Office shown on the records of CORPORATE CREATIONS NETWORK INC. Registered Office Address (MUST BE FLORIDA STREET). 11380 PROSPERITY FARMS ROAD #221E	•	State:
	PALM BEACH GARDENS , FL	33410	
<i>/</i> 1 \		2#	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	C T Corporation System		
	NEW Registered Office Address:		***************************************
	1200 South Pine Island Road		
	Plantation , FL	33324	-
he line char ent were s/were artic	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in free case of a Florida limited lia to authorized by an affirmative vote of the members of the of organization of the operating agreement of the	us of the State of	Florida, it is hereby confirmed that after fice and the business office of the register it is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
	4/~	Jennifer urz	
•	ire of a member of althorized representative of a member y accept the appointment as registered agent and agri has of all statifies relative to the proper and complete.	ee to uct in this co performance of m	Printed or typed name of signce apacity. I further agree to comply with the ty duties, and I am familiar with and acce
gica	y accept the appointment as registered agent and agrins of all standes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have the continuous change poration System	l för in Chapter 6 vereby confirm the Alfre d	ios, r.s. Or, if this document is being file at the limited liability company has been Younan

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

'y:_