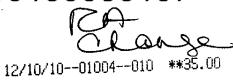
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Certified Copies Certificates of Status						
Solution Copies						
Special Instructions to	Filing Officer:					

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NATIONWIDE REGISTERED AGENT, FILING, RESEARCH AND LIBRARY SERVICES

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## **December 3, 2010**

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Smartronix, Inc.

Dear Sir/Madam:

For your information, the above company is qualified to do business in your state and we now enclose the necessary documents required to affect Change of Agent to National Corporate Research, Ltd.

In connection with this matter, we ask that you please have it filed in your office upon receipt and return the evidence to this office by means of the self-addressed envelope which we have enclosed for your convenience.

We also enclose our check made payable to your state in payment of filing fees.

Should you have any questions in regard to the above, please do not hesitate to give me a telephone call.

Sincerely.

Lucy Dawson

Client Service Specialist

LD

ENCLOSURE REGULAR MAIL

E-MAIL: INFO@NATIONALCORP.COM WEB SITE: WWW.NATIONALCORP.COM

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

	provisions of sections 60 nge is submitted for a co				es, this MARYLAND		
-	ge its registered office or		•				
1. The name of the	he corporation:						
	·····	SMARTE	RONIX, INC.				
2. The principal	office address:						
44	1150 SMARTRONIX W	AY	HOLLYWOO	DD MD	20636		
3. The mailing ac	ddress (if different):						
4. Date of incorp	oration/qualification:	08/02/2010	Document numb	er: F100	00003486		
5. The name and Florida Depart	street address of the cur trnent of State:	rent registered ager	nt and registered offi	ice on file with the			
		C T CORPORA	TION SYSTEM		10 2		
	1200 SOUTH PINE ISLAND ROAD						
,	PLANTA	ATION	FL	33324	_ 55.50 T		
6. The name and (if changed):	street address of the nev	v registered agent (	if changed) and /or r	registered office	MINEC 10 PH 3		
	Nat	ional Corporate	Research, Ltd., In	c.	_ # <b>8</b>		
	515 East Park Avenue						
	(P.O. Box NOT acceptable)						
	Taliaha	ssee	Florida	32301	<del></del>		
The street address as changed will I	ss of its registered offic be identical.	e and the street ad	dress of the busines	s office of its regi	stered agent,		
Such change was authorized by the	s authorized by resoluti e board, or the corporat	on duly adopted b	y its board of direct ted in writing of the	tors or by an office change.	er so		
M-6	Leu Anos	7	M.Ars	hed Javai	di President		
(Sig	gnature of an officer or director)			Printed or typed name at	nd title)		
I hereby accept to a further agree to of my duties, and document is bein corporation has	he appointment as region comply with the provide the comply with the provide the complex with and grilled merely to reflect the control of the complex to reflect the control of the contr	stered agent and a sions of all statute l accept the obliga t a change in the r t of this change.	igree to act in this of selative to the prosition of my position egistered office add	capacity. oper and complete as registered age dress, I hereby con	performance nt. Or, if this nfirm that the		
A	Mr			11/29/2	016		
( / «	Signature of Registered Agent)			(Date)			
If signing on beh	alf of an entity:						
Lucy D	Dawson, Assistant Se	cretary					
	(Typed 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