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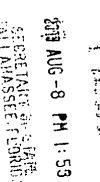
| (Re | questor's Name) | · | | |
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| (Address) | | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PłCK-UP | MAIT | MAIL | | |
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| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: August 6, 2019

Order#: 840631/017

Re: SMART CITY INFORMATION SERVICES, LLC

Enclosed please find:

<u>MX</u> Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

MX ... Issue Proof of Filing.

<u>MX</u> Return Regular Mail in the enclosed envelope.

Attn:Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA



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.

| 1. | Na | me of the limited liability company: SMART CITY IN | FORMA | ATION SERVICES, LLC |
|-------------------------------------|---------------------------------------|--|-------------------------------------|--|
| 2. (| a) | 3100 BONNET CREEK | (b) | o) P O BOX 22555 |
| , | -, . | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | LAKE BUENA VISTA FL 32830 | - | LAKE BUENA VISTA, FL 32830-2555 |
| | | 07/09/2001 | | L01000011053 |
| 3. | | Date of filing/registration in Florida | 4. | Document number |
| 5. | (a) | NRAI SERVICES, INC | | |
| , | • | Registered Agent and Registered Office shown on the records of th | e Florida | a Dept. of State: |
| | | 1200 SOUTH PINE ISLAND ROAD | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | |
| | | Plantation , FL_ | 33324 | |
| (b) | b) | Corporation Service Company | | <u> </u> |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> | office add | drew: |
| | | 1201 Hays Street | | The state of the s |
| | | NEW Registered Office Address: | | · |
| | | Tallahassee , FL_ | 32301 | <u></u> |
| the ager | chai nt w /we | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | he regist pility con the limi | stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in |
| | | Lee C. Where | Jill C | Cilmi, Authorized Person |
| I he prov the to m noti | ereb visio ohli vere fied | ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he kind withing of this change | performa for in C ereby co. | Printed or typed name of signee t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been irace E. Kirby, Asst. Vice President |