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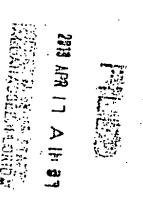
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Smart Holdings, LLC				
.,		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	aclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this	s matter to the following:			
John	K Smart				
	Name of Person				
Smar	t Holdings, LLC				
	Firm/Company				
РО В	ox 521203				
	Address				
Long	wood, FL 32752-1203				
	City/State and Zip Code				
ken@	gppinc.com				
В	-mail address: (to be used for future annu	al report notification)			
For fur	rther information concerning this matter, p	olease call:			
John	K Smart	.407 312-0930			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
INHST	8 (2/14)				

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

l. N	ame of the limited liability company: Smart Holding	gs, LLC	
2. (a)	655 Florida Central Pkwy	(b) PO Bo	ox 521203
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Longwood, FL 32750	Longw	rood, FL 32752-1203
	01/28/2004	L04000	007654
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Hoyt & Bryan, LLC		
	Registered Agent and Registered Office shown on the records of a 254 Plaza Dr	the Florida Dept. of Si	tate:
	Registered Office Address (MUST BE FLORIDA STREET)		
	Oviedo, FL	32765	_
(b)	Bradley Carlson		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	655 Florida Central Pkwy		
	NEW Registered Office Address:		
	Longwood, FL	32750	15. Jak
Signa I here provis the obt	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of iclus of organization or the operating agreement of the manufacture of a member of authorized representative of a member of accept the appointment as registered agent and agracious of all statutes relative to the proper and complete digations of my position as registered agent as provided by reflect a change in the registered office address. It is in writing of this change.	the registered off ability company, is of the limited liability continuity of John K Smales to act in this co	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. art Printed or typed name of signee apacity. I further agree to comply with the