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To:

Division of Corporations

Fax Number

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From:

: ACKERMAN, LINK & SARTORY, P.A. Account Name

Account Number : 110435002274 Phone

: (561)838-4100

Fax Number

: (561)838-5305

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Attn: Vicki Fearon

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Email Address:

LLC REGISTERED AGENT CHANGE SMINK INVESTMENTS, LLC

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C. LEWIS

SEP 1 3 2012

EXAMINER

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Corporate Filing Menu

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

Pursuant to the provisions of sections 608.416 or 608 liability company submits the following statement in or agent, or both, in the State of Florida.	1.508, Florida Statutes, the undersigned limit der to change its registered office or register
1. Name of the limited liability company:	Smink Investments, LLC
2. (a) Principal office address of limited liability compa	my: 777 South Flagler Drive
(Note: MUST BE STREET ADDRESS)	Phillips Point, Suite 800 East West Palm Beach, FL 33401
(b) Mailing address of limited liability company:	777 South Flagler Drive
(Note: MAY BE POST OFFICE BOX)	Phillips Point, Suite 800 East West Palm Beach, FL 33401
8/18/2004	L04000061411
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State
Registered Agent:	Wendy Sartory Link
Registered Office Address:	222 Lakeview Avenue, Suite 124 West Palm Beach, FL 33401
NEW Registered Agent:	EW Registered Office address: Wendy Sartory Link
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	777 South Flagler Drive Phillips Point, Suite 800 East West Palm Beach ,FL33401
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be liability company, it is hereby confirmed that the change of the members of the limited liability company or as oft or the operating agreement of the limited liability company. Signature of a member or sometimed representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative you
WENDY SARTORY LINK, Mgr. Printed or typed name of signee	- -
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 508, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree proper and complete performance of my dutie position as registered agent as provided for it merely reflect a change in the registered office any has been notified in writing of this change
Signature of Registered Agent	
Division of Corporations, P.O. Box FILING FEE	
INHS18 (05/08) (((H12000225	366 3)))