L06000049095

(Re	equestor's Name)	
(Ad	idress)	<u>,</u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	> #)
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: Smith/Cooper Holding: (Name of Limit	ted Liability Company)
Dear Sir or Madam:	·
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
BArry J. Cooper, Jr. Esq.	
Smith Cooper Holdings II, L	<u>ic</u>
100 South Pointe Drive Suite 1	No. 3304
Miami Beach Florida 331 (City/State and Zip Code)	39
For further information concerning this matter, p	please call:
Barry J. Cooper, Jr. Esq. at (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 a	mount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company	is: Smith/Cooper Holdings II, 4C
2. The mailing address of the limited liability	y company is: 100 South Pointe Drive Suite
NO. 3304, Miami BEACH, F.	
	L06000049095
5/11/2006 3. Date of filing/registration in Florida	4. Document number
Florida Department of State:	egistered office address as shown on the records of the
Frederic T.	DEMON JF. P.A.
5606 PGA	DEMON, Jr. P.A. Name Boulevard, Suite NO. 211 Address SANDENS, Florida 33418 Ty, State and Zip
Palm Beach (SANDENS, Florida 33418 \$5 \$
6 TO 1 11 Cd 1.	
6. The name and address of the new registere	Points Drive Soite 100. 330/18145
BArry J. C	poper, Tr., Esa.
100 South 1	Points Drive Suite No. 3307 S.
Florida street add	lress (P.O. Box NOT acceptable)
Miami BEAG	y, State and Zip
Cit	y, State and Zip
confirmed that after the change or changes at and the business office of the registered agen liability company it is hereby confirmed that	
Short It Swith Manager	
(Printed or typed name of signee)	Member
I hereby accept the appointment as registers comply with the provisions of all statutes reliand I am familiar with and accept the obligate Chapter 608, F.S. Or, if this document is be address, Thereby confirm that the limited lia	ed agent and agree to act in this capacity. I further agree to alive to the proper and complete performance of my duties, tions of my position as registered agent as provided for in ing filed to merely reflect a change in the registered office bility company has been notified in writing of this change.
(Signature of Registered Agent)	
/ Division of Corporations	, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00