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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: SMK Technologies, LLC	,
	imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Samantha M. Puckett	
(Name of Person)	
SMK Technologies, LLC	
(Firm/Company)	•
1530 Metropolitan Blvd, Suite 208	
(Address)	
Tallahassee, FL 32308	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Samantha M. Puckett at	(850) 391-9564
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle	Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following a	
✓ \$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. Name of the limited liability company: SMK Technology	ologies, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Suite 208
	Tallahassee, FL 32308
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1530 Metropolitan Blvd.
	Tallahassee, FL 32308
	• • •
03/18/08	L08000028313
3. Date of filing/registration in Florida	4. Document number 52.8
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of Stare
Registered Agent:	Suhail M. Khan
Registered Office Address:	901 Riggins RD
	1026 51 33309
	Tallahassee, FL 32308
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	W Registered Office address: Samantha M. Puckett
NEW Registered Office Address:	1530 Metropolitan Blvd.
(MUST BE FLORIDA STREET ADDRESS)	Suite 208 Tallahassee n.FL 32308
	Tallahassee,FL_32308
If the limited liability company is not organized under the l that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company.	t address of the registered office and the business
(Signature of a member or authorized representative of a member)	
SUHAIL KHAN (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability forms has been reconstructed.	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00