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(Requestor's Name)						
(Address)						
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PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						

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S. WARREN MAR 2 2 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 19, 2018

Order#: 122368/018

Re: 3534 SMITHFIELD LLC

Enclosed please find:

XX 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.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers 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: 3534 SMITHFIEL	DLLC		
2.	(a)		_ (b)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		5118 N 56TH STREET	_	P.O. BOX	311029
		TAMPA, FL 33610	.	TAMPA, F	L 33680
		03/19/2012	_	L1200003	8483
3.		Date of filing/registration in Florida	4.	Ι	Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the MCINTYRE, RICHARD J, ESQ.	e Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	501 EAST KENNEDY BOULEVARD SUITE 1900				ACC SEC
		TAMPA , FL_	33602		HAR 2
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Company	Office add	ress:	AMIL: 07
		1201 Hays Street NEW Registered Office Address:			•
		Tallahassee , FL			
the age wa	cha nt v s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist bility con the limi	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
				Authorized Person	
Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President					

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