## L12000041390

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ACCOUNT NO. : I2000000195 REFERENCE : 559617 7924823 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: March 5, 2013 ORDER TIME : 11:41 AM ORDER NO. : 559617-014 CUSTOMER NO: 7924823 CHANGE OF AGENT NAME: SMS MANAGEMENT LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Susie Knight -- EXT# 52956 EXAMINER:

## FILEU

## , 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: SMS MANAG	EMENT LLC	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	nny: 4951 Gulf Shore Blvd. North PH Naples, FL 34103	202
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	c/o Mr Edmondo Schwartz 750 Lexington Ave, 24th Floor New York, NY 10022	225 - S
03/23/2012	L12000041390	
3. Date of filing/registration in Florida	4. Document number	ATE XXIDA
<ol> <li>(a) Registered Agent and Registered Office shown of Registered Agent:</li> </ol>	on the records of the Florida Dept.  C T Corporation System	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324 US	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:  Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
MUST BE TEURIDA STREET ADDRESSY	Tallahassee	,FL_32301
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 ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	e Florida street address of the regisentical. Or, in the case of a Florid (s) was/were authorized by an affi wise provided in the articles of or	stered office a limited irmative vote of
Dona Priebe, Authorized Person Printed or typed name of signee		
I hereby accept the appointment as registered agent an comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agrec to act in this capacity. I fi proper and complete performance position as registered agent as pr merely reflect a change in the reg any has been notified in writing o	urther agree to e of my duties, ovided for in istered office f this change.
By: Signature of Registered Agent Corporation Service Company		
Corporation Service Company	Syrvia Queppet, Assistant vic	C 1 ICSIOCHI

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