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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: SM INVESTO  Name of Lim	RS LLC nited Liability Company	
Dear Sir or Madam:		
Dear Sit of Madain.		
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
EHAL3 A. HALIMEH  Name of Person		
Firm/Company		
₽. 6. 80 M 6/7 4/	14	
ORLANDO, FL 328	<u> </u>	
City/State and Zip Code		
MHCRE DAOL, COM  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
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 amount:		
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

## 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. Name of the limited liability company: SM INVESTORS LLC
A Company
2. (a) 2295 Sr HIAWASSEE Rd. (b) PO BOX 6/1/4/9  Principal office address of limited liability company:  Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
SUITE 301 ORIAND FL 32861
ORLANDO, FL 32835
10/18/12 112000132801
3. Date of filing/registration in Florida 4. Document number
5. (a) ALT MATTAR
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5242 CHISWICK CIRCLE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
ORLANDO ,FL 32812
(b) EHAB A, HALIMEH
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2295 S. HIAWASSEE ROAD = I
NEW Registered Office Address:
SUTTE 301
ORLANDO, FL 32835
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
Signature of a member or authorized representative of a member  EHAB A. HALIMEH  Printed or typed name of signee
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
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)