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(Re	questor's Name)	·		
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: May 29, 2020

Order#: 300094/017

Re: TRADESMITH, 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:Meghan Groom 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: TRADESMITH, L	.LC		
2. (a)	7429 Spring Hill Drive	(- b) Р.О.	BOX 3039
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ \	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Spring Hill, FL 34606	_	Spring	g Hill, FL 34611
	01/29/2013		L1300	0014943
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	INTERAMERICAN CORPORATE SERVICES LLC			
J. (a)	Registered Agent and Registered Office shown on the records of the	he Florio	la Dept. of	State:
	2525 PONCE DE LEON BLVD STE 1225			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>	
	CORAL GABLES , FL	33134		
(b)				•
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			<u>-</u>
	Tallahassee	32301		
change agent was/we the arti Signa I here provisithe oblito mere	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete principles of my position as registered agent as provided all reflect a change in the registered office address, I had in writing of this ahange.	registe. bility of the linited Jill re to accept for in ereby of	red officompany mited lia liability Cilmi, A cilmi, A cilmi confirm to the confirmation to the confir	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. uthorized Person Printed or typed name of signee

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