L13000097285

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan   OCT 11 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S.M.B.A. HOLDINGS LLC
<p style="text-align:center">Name of Limited Liability Company</p>

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CORY M ZIMMERMAN
<p style="text-align:center">Name of Person</p>

S.M.B.A. HOLDINGS LLC
<p style="text-align:center">Firm/Company</p>

16293NW 15 STREET
<p style="text-align:center">Address</p>

PEMBROKE PINES FL, 33028
<p style="text-align:center">City/State and Zip Code</p>

CRASHBANDAKOOT@GMAIL.COM
<p style="text-align:center">E-mail address: (to be used for future annual report notification)</p>

For further information concerning this matter, please call:

CORY M ZIMMERMAN at (954) 305-3052
<p style="text-align:center">Name of Person   Area Code & Daytime Telephone Number</p>

STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

Enclosed is a check for the following amount:

�» $25 Filing Fee   ❏ $55 Filing Fee & Certified Copy

INHS18 (5/08)

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: S.M.B.A. HOLDING LLC

2. (a) Principal office address of limited liability company: 16293NW 15TH STREET PEMBROKE PINES FLORIDA 33028
    (Note: MUST BE STREET ADDRESS)

   (b) Mailing address of limited liability company: 16293NW 15TH STREET PEMBROKE PINES FLORIDA 33028
    (Note: MAY BE POST OFFICE BOX)

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3. Date of filing/registration in Florida   4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

   Registered Agent: CORY M ZIMMERMAN

   Registered Office Address: 16293NW 15TH STREET PEMBROKE PINES FLORIDA 33028

   (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

   NEW Registered Agent: N/A

   NEW Registered Office Address:
   (MUST BE FLORIDA STREET ADDRESS)   14359 MIRAMAR PARKWAY SUITE #123
                                        MIRAMAR   ,FL 33027

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

CORY M ZIMMERMAN
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 608, 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 (05/08)