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SECRETARY OF STATE
SECRETARY OF STATE
ANIASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations									
SUBJE	SMART SAVINGS OF SOUTHERN FLORIDA, LLC.									
Name of Limited Liability Company										
Dear S	ir or Madam:									
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for fili	ng.						
Please	return all correspondence concerning th	is matter to the	following:							
MAR	C FRIEDMAN									
	Name of Person		·							
FRIE	DMAN ACCOUNTING, INC.									
	Firm/Company		_							
8634	NW 59TH PLACE			SECR TALLI						
	Address			E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2						
PARK	(LAND, FL 33067			FILED AUG 22 PH 12: 45 CRETARY OF STATE CRETARY OF STATE CANASSEE, FLORIDA						
	City/State and Zip Code			ELOST ST.						
	C1040@AOL.COM			景司 5						
E	-mail address: (to be used for future ann	ual report noti	fication)							
For fur	ther information concerning this matter,	please call:								
MARG	FRIEDMAN	954 at (752-3889							
	Name of Person		Area Code & Daytime Te	elephone Number						
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section evision of Corporations O. Box 6327 ellahassee, Florida 32314							
Enclosed is a check for the following amount:										
☑ \$25 Filing Fee ☐ \$5			55 Filing Fee & Certified Co	ору						
INHS18	3 (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. Na	Name of the limited liability company: SMART SAVINGS OF SOUTHERN FLORIDA, LLC.					LLC.
2. (a)	4613 N UNIVERSITY DRIVE,	STE 261	(b) 4613 N UNIVERSITY DRIVE, STE 261			
()	Principal office address of limited lia (Note: MUST BE STREET)		_ (0)		ailing address of limite	
	CORAL SPRINGS, FL 3306	7	_	CORALS	SPRINGS, FL 3	3067
	08/13/2014		- <u>ا</u>	_1400012	7192	
3.	Date of filing/registration in	r Florida	4.	I	Document number	
5. (a)	UNITED STATES CORPORA	TION AGENTS	, INC.			
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 13302 WINDING OAKS COURT			Dept. of State:		FI AUG SECRET
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE A					
	TAMPA	FL	33612			
(b)	MARC FRIEDMAN					12: 45 ORIDA
	Enter name of NEW Registered Agent and	or NEW Registered C	Mice add	ress:		
	MARC FRIEDMAN	_				
	NEW Registered Office Address:					
	8634 NW 59TH PLACE					
	PARKLAND	, FL_	33067	<u></u>		
the cha agent v was/we	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a lere authorized by an affirmative vote icles of organization or the operating	street address of the Florida limited liab of the members of	he regist pility cor the limi	ered office a npany, it is led liability	and the business of hereby confirmed to company or as oth	ffice of the registered that the change(s)
X		 _		WY LI	Printed or typed name of	
=	ture of a member or authorized representative					
provisi the obl to mere	by accept the appointment as register ons of all statutes relative to the propingations of my position as registered ely reflect a change in the registered din writing of this change.	ed agent and agree per and complete p agent as provided office address, I he	e to act i erforma for in Ci ereby con	n this capac nce of my di hapter 605, nfirm that th	city. I further agre uties, and I am fam F.S. Or, if this doc ne limited liability o	e to comply with the iliar with and accept cument is being filed company has been
Signatu	re of Registered Agent	- the contract of the contract				
	•					