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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE SMK CONSULTANTS LLC

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(Help-8 2023

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	nme of the limited liability company: SM	K Consul	ta	nts LL	C	v.		
2. (a)			(b)					
2. ()	Principal office address of limited liability co (Note: MUST BE STREET ADDRES	ampany:	,		-		Hiability company FOFFICE BOX)	.:
	57 NW 154 St			57 NW	154 St			
	Miami FL 33169			Miami FL	33169			
	03/29/2016			L16000	0062586			
3.	Date of filing/registration in Florid	la 4.		1	Document ni	umber		
5. (a)	HICKS, PHAION		_					
	Registered Agent and Registered Office shown on the	e records of the Flor	ida	Dept. of State				
	55 NW 154 st							
	Registered Office Address (MUST BE FLORID)	<u>A STREET ADDRE</u>	ESS)			تخية	2027	
							5053 F. 5	
	Miami	, FL <u>33</u>	316	9			. U	<u>.</u>
	Northwest Degistered A	aont II C						` C
(b)	Northwest Registered Activation NEW Registered Agent and/or NEW	<u> </u>		roc.			. =	
	Enter name of NEW Registered Agent and/or NEW	Registered Office	41111	<u>ress</u> .			-7 AM II: 27	
	7901 4th St N						₹ –	
	NEW Registered Office Address:							
	STE 300							
	St. Petersburg	, FL 337	02					
	<u> </u>	, 11,	·····					
the cha agent was/w	limited liability company is not organized un ange or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the i icles of organization or the operating agreen	address of the re Himited liability members of the l	gis 'co limi	tered office mpany, it is ted liability	and the busi hereby conf company or	ness of irmed t	fice of the regi hat the change	sterec (s)
	WAT SWATE	_			at Smith			
_	ature of a member or authorized representative of a me				Printed or type			
provisi the ob- to mer	by accept the appointment as registered age ions of all statues relative to the proper and ligations of my position as registered agent of ely reflect a change in the registered office of d in writing of this change.	nt and agree to a l complete perfo as provided for i address, I hereby	act rma n C v co	in this capa ince of my d hapter 605, afirm that t	city. I furth luties, and I i F.S. Or, if he limited lid	er agreo am fam this doc ability o	e to comply widilar with and a nument is being nument is being nument is being	th the accep Efiled aen
<u>/V-</u>	Taylor Newman -	Assistant Sec	ret	ary				
Signati	ire of Registered Agent							