## L17000 171 188

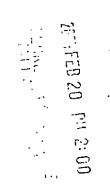
| (Requestor's Name)                      |                |             |  |  |
|---|----------------|-------------|--|--|
| (Address)                               |                |             |  |  |
| (Address)                               |                |             |  |  |
| (City/State/Zip/Phone #)                |                |             |  |  |
| PICK-UP                                 | ☐ WAIT         | MAIL        |  |  |
| (Business Entity Name)                  |                |             |  |  |
| (Document Number)                       |                |             |  |  |
| Certified Copies                        | _ Certificates | s of Status |  |  |
| Special Instructions to Filing Officer: |                |             |  |  |
|   |                |             |  |  |
|   |                |             |  |  |
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|   |                |             |  |  |

Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations

| Smart Profitability Solutions LLC SUBJECT:   |   |                                  |               |
|--|---|----------------------------------|---------------|
|  | of Limited  | Liability Company                |               |
| Dear Sir or Madam:   |   |                                  |               |
| The enclosed Registered Agent/Registered Office  | Change an   | d fee(s) are submitted for filir | ) <u>ę</u> .  |
| Please return all correspondence concerning this n   | natter to th  | e following:                     |               |
| Jennifer Taulli  |   |                                  |               |
| Name of Person   | -   | <del></del>                      |               |
| Fishman Haygood LLP  |   |                                  |               |
| Firm/Company   |   | <del></del>                      | -10 60        |
| 201 St. Charles Avenue, 46th Floor   |   |                                  |               |
| Address  |   | <del></del>                      | 1             |
| New Orleans, LA 70170  |   |                                  | , , ,         |
| City/State and Zip Code  |   | <del></del>                      |               |
| jtauHi@fishmanhaygood.com  |   |                                  |               |
| E-mail address: (to be used for future annual  | report not  | ification)                       |               |
| For further information concerning this matter, ple  | ease call:  |                                  |               |
| Jennifer Taulti  | 504<br>at (   | 586-5252<br>)                    |               |
| Name of Person   | ,   | Area Code & Daytime Tel          | ephone 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 am   | ount:   |                                  |               |
| ☐ \$25 Filing Fce  | <b>⊠</b> \$   | S55 Filing Fee & Certified Co    | ру            |
| 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.

| i. Na  | ume of the limited liability company: Smart Profitabilit   | ty Solutions LLC  |  |
|--|--|---|--|
| 2. (a)   |  | (b)   |  |
|  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |   | Mailing address of limited liability company (Note: MACY BE POST OFFICE BOX)   |
|  | 16347 Old Hammond Highway  | 16347 C   | id Hammond Highway   |
|  | Baton Rouge, LA 70816  | Baton R   | ouge, LA 70816   |
|  | 8/10/2017  | U1700015  | 71188  |
| 3.   | Date of filing/registration in Florida   | 4.  | Document number  |
| 5. (a)   | CORPORATION SERVICE COMPANY  |   |  |
| υ. (α)   | Registered Agent and Registered Office shown on the records of   | the Florida Dept. of S  | late:  |
|  | Registered Office Address (MUST BE FLORIDA STREET.   | (DDRESS)  | 200 FEB 20   |
|  | 1201 HAYS STREET   |   |  |
|  | TALLAHASSEE , FL   | _32301<br>  |  |
| (b)  | C T Corporation System   |   | P  |
| ,  | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>   | Office address:   | 2:00   |
|  | NEW Registered Office Address:   |   |  |
|  | 1200 South Pine Island Road  |   |  |
|  | Plantation . FL  | 33324   |  |
| the cha<br>agent v<br>was/we<br>the arti                 | imited liability company is not organized under the law<br>nge or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited li-<br>tice authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the | the registered offi<br>ability company, in<br>of the limited liabil                   | ice and the business office of the registered<br>t is hereby confirmed that the change(s)<br>lity company or as otherwise provided in  |
| <u>}</u>   | nnife Jauli<br>ure of a member or authorized representative of a member  | Jennifer Taulli, Paralegal, Fishman Haygood LLP                                       |  |
| I heret<br>provisi<br>the obl<br>to mere<br>not<br>By: I | we of a member or authorized representative of a member by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address, I is schange.      | ree to act in this co<br>performance of m<br>d for in Chapter 6<br>hereby confirm tha | Printed or typed name of signee spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been |