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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Smart-Sciences Marine, LLC		
		ne of Limited I	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the	e following:
Gisele	e Colbert		
	Name of Person		<del>_</del>
Smar	t-Sciences Marine, LLC		
	Firm/Company		<del></del>
330 S	SW 27th Avenue, Suite 504		
<u> </u>	Address		<del></del>
Miam	i, FL 33135		
	City/State and Zip Code		<del></del>
adefo	ord@smart-sciences.com		
E	-mail address: (to be used for future ann	ual report noti	fication)
For fur	ther information concerning this matter.	please call:	
Ana C	De Ford	786	, 313-3977
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	☑ \$25 Filing Fee		555 Filing Fee & Certified Copy
INHS18	8 (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. N	ame of the limited liability company: Smart-Sc	ciences Marine, LL	.C	
2. (a)	330 SW 27th Avenue, Suite 504	(b) 330 S	SW 27th Avenue, Suite 504	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Miami, FL 33135	Miam	ni, FL 33135	<u> </u>
	08/24/2017	L1700	0181471	
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida Gisele Colbert	4.	Document number	
J. (a)	Registered Agent and Registered Office shown on the record 1045 10th Street, #907	rds of the Florida Dept. of	State:	
	Registered Office Address (MUST BE FLORIDA STR	7 SEP SECRETA	I	
	Miami Beach	_, FL_33139		: 1
(b)	Enter name of NEW Registered Agent and/or NEW Regis	stered Office address:	PH 12: 16 FLORIDA	
	NEW Registered Office Address:		<u> </u>	
	330 SW 27th Avenue, Suite 504			
	Miami	_, <sub>FL</sub> 33135		
the cha agent was/w the art	imited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement of a member or authorized representative of a member	ess of the registered of ted liability company, pers of the limited liab	ffice and the business office of the registe it is hereby confirmed that the change(s) pility company or as otherwise provided i company.	red
provisi the obi to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as property reflect a change in the registered office address and writing of this schange.	d agree to act in this of plete performance of in the position of the plete for in Chapter iss. I hereby confirm the	capacity. I further agree to comply with my duties, and I am familiar with and acc 605, F.S. Or, if this document is being fi hat the limited liability company has been	the :ept led 1