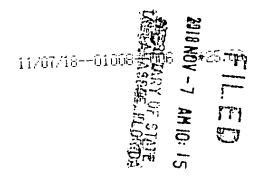
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(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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COVER LETTER

TO:	Registration Section Division of Corporations				
SHR	PTY SMART SERVICES, L	.LC			
SOD		ne of Limited	Liability Company		
Dear	Sir or Madam:				
The e	enclosed Registered Agent/Registered Off	fice Change a	nd fee(s) are submitted for filing.		
Pleas	e return all correspondence concerning th	is matter to th	ne following:		
NIC	OLAS PANCARO				
	Name of Person				
ALB	ION LLC			22	
	Firm/Company		····	2018 NOV -7	7
110	1 S ROGERS CIRCLE STE 4			聚 个	ITI
	Address			AM 10: 15	
вос	CA RATON, FL 33487			0 · 5	
	City/State and Zip Code				
MON	NICA@2ALBION.COM				
	E-mail address: (to be used for future and	nual report no	tification)		
For fu	urther information concerning this matter.	, please call:			
	NICOLAS PANCARO	, 561	988-6998		
	Name of Person	at (Area Code & Daytime Teleph	none Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	F [: F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
	Enclosed is a check for the following	; amount:			
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy		

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.

l. N	lame of the limited liability company: PTY SMART S	ERVI	ICES, LLC	
2. (a)		(b	b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	• `	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	:
	5619 NW 125TH AVENUE		5619 NW 125TH AVENUE	
	CORAL SPRINGS, FL 33076	-	CORAL SPRINGS, FL 33076	
	10/11/2017		L17000210344	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	UNITED STATES CORPORATION AGENTS,	, INC		
J. (2	Registered Agent and Registered Office shown on the records of the	e Florida	a Dept. of State:	
	UNITED STATES CORPORATION AGENTS	, INC		
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS	<u> </u>	
	13302 WINDING OAK COURT A			
	TAMPA 5. 3	3612		
	, FL,			
(b)	ALBION LLC			
, , ,	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ado	dress:	
	ALBION LLC			
	NEW Registered Office Address:			
	1101 S ROGERS CIRCLE STE 4			
	BOCA RATON FL 3	3487		
the ch agent was/w	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited streets.	ne regis ility co the lim	stered office and the business office of the regis ompany, it is hereby confirmed that the change(s nited liability company or as otherwise provided	tered s)
	Landa Oden L.		CARRASQUILLA, JUAN C	
	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mei notifie	eby accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided to rely reflect a change in the registered office address. I he of in writing of this change.	e to act erforma for in C reby co	t in this capacity. I further agree to comply with ance of my duties, and I am familiar with and a Chapter 605, F.S. Or, if this document is being onfirm that the limited liability company has be	i the scept filed en