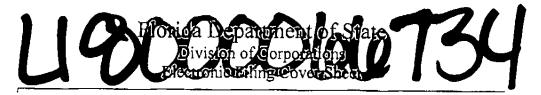
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From:

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Account Number : 120020000154

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited Itability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

LIMITED LIABILITY COMPANY

1. N	ame of the limited liability company: SMP PHARMA	CY SOI	LŲ	ΓΙΟΝS #4, L	LC		
2. (a)					: '		_
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limit (Note: MAY RE PO		
	7500 NW 26TH STREET			7500 NW	26TH STREET	•	
	MIAMI, FL 33122			міамі, ғ			
				L18000066734			
3.	Date of filing/registration in Florida	4.	•		Document number		
5. (a)							
(Registered Agent and Registered Office shown on the records of BRIAN BRITO	f the Flor	rida	Dept. of State	- e:		
	Registered Office Address MUST BE FLORIDA STREET	Registered Office Address MUST BE FLORIDA STREET ADDRESS)					
	7500 NW 26TH STREET			A C	20		
	MIAMI , FL 33122				_	FIL 2021 NOV 10 SÉGRETARY ILLAHASSEE	21 NO
(b)						iARY ASSEE	FIL V 10
(-)	Enter name of NEW Registered Agent and/or NEW Registers	-					
	JOSEPH SINICROPI		O AMII: 20 OF STATE E. FLORIDA				
	NEW Registered Office Address:	-	D'	Ö			
	7500.NW 26TH STREET						
	.,				·		
	MIAMI , F	L_33122	! 		_		
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited let eauthorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regist iability of the l	ere coi imi	d office and upany, it is ted liability	d the business office thereby confirmed y company or as oth	e of the re that the o	egistered hange(s)
60	<i>- 101</i>	<u>z</u>	ube	en Shroff			
I here provis the ab to mer notifie	nure of a member or authorized representative of a member siby accept the appointment as registered agent and ag lons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change in the registered office address, I d in writing of this change.	ree to a perfori ed for it hereby	ict ma i C co	in this capa nce of my d hapter 605, nfirm that t	Printed or typed name neity. I further agree thites, and I am fam F.S. Or, if this do he limited liability of		ply with the and accept being filed has been

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