## 119000 147068

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## COVER LETTER

	Registration Section Division of Corporations		
SUBJE	B2Smart, LLC		
O D D D		of Limited Lia	ibility Company
Dear Sir	or Madam:		
The enc	losed Registered Agent/Registered Office	Change and f	fec(s) are submitted for filing.
Please re	eturn all correspondence concerning this i	natter to the f	ollowing:
Perla F	F. Abrams, Esq.		
	Name of Person		_
Abram	s & Abrams PA		
	Firm/Company		_
1800 S	SW 27th Avenue Suite 609		
	Address		
Miami,	FL 33145		
	City/State and Zip Code		_
pabrar	ms@abramspa.com		
E-	mail address: (to be used for future annua	l report notific	cation)
For furt	her information concerning this matter, pl	ease call:	
Perla A	Abrams	305	, 598-1880
	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	Reg Div P.O	diling ADDRESS: gistration Section ision of Corporations Box 6327 lahassee, Florida 32314
	Enclosed is a check for the following an	nount:	
	■ \$25 Filing Fee	<b>□</b> \$5.	5 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.

. Na	ame of the limited liability company: B2Smart, LLC	C				
(a)	7521 SW 113th Street, Miami, FL 33156	(b) S	Same			
. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(\(\gamma\) _	<del>-</del>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	6/3/19		19000147068			
	Date of filing/registration in Florida	4.	Document number			
	Alberto Arredondo					
. (a)	Registered Agent and Registered Office shown on the records of	the Florida Do	ept. of State:			
	1300 SW 113th Street					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
	Miami , FI	33156		2019.		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	1 Office addre		:		
			<del></del>	<b>-</b>	;	
	7521 SW 113th Street			F.:	-	
	NEW Registered Office Address:			<b>2:</b> 53		
	Miami,	33156	<del></del>			
se cha gent v as/wo e arti Signa here, rovisi se obl	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agions 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.	ws of the St f the register iability compof the limite firmited liab	red office and the business of pany, it is hereby confirmed and liability company or as off bility company.  Printed or typed name at this capacity. I further agree	office of the retain that the chan herwise provide of signee	egistered gc(s) ded in	

Signature of Registered Agent