Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-638200

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694~8107

Fax Number : (561)694~1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE SMT ACQUISITIONS: LLC

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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. Name of the limited liability company: SMT Acquisit	tions, LLC	
2. (a) 48 Harbor Park Drive	(b) 48 Harbor Park Drive	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
Legal Suite C.	⊡egal Suite C.	
Port Washington, NY 11050	Port Washington, NY 11050	
05/05/2010	M10000002040	
3. Date of filing/registration in Florida	4, Document number	
5. (a) C T CORPORATION SYSTEM		
Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
PLANTATION	38324	
(b) Corporate Creations Network Inc.	# 10	
Enter name of NEW Registered Agent and/or NEW Registered	I Office address:	
11380 Prosperity Farms Road #221E	I Office address:	
NEW Registered Office Address:	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
Palm Beach Gardens , FL	33410	
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited limited was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	f the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in	
Signature of a member or authorized representative of a member	Printed or typed name of signee	
I hereby accept the appointment as registered agent and agr provisions of all statules relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I inotified in writing of this change. Signature of Registered Agent Sandra Racicot, Special Secretary	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been	
•	Box 6327 Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (2/14)