Division of Corporations

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Division of Corporations

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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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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears	on the records of the Florida Department	of ·	
State: SMT Acquisitions, LLC			
Enter new principal office address, if applicable:			
(Principal office uddress MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2(
]] }
(Mailing address MAY BE A POST OFFICE BOX) 2. The Florida document number of this limited liab	bility company is:	<u> </u>	6-3f
Jurisdiction of its organization:			
4. Date authorized to do business in Florida:		•	
SECTION II (5-9 complete only the applicable of	hanges)	ф ф	<u>-</u>
5. New name of the limited liability company:(must	contain "Limited Liability Company, " "L	.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	aging members adopting the alternate nam	Florida and attach a se. The alternate name	æ
o. If amending the registered agent and/or registere registered agent and/or the new-registered office ad	d officer address on our records, <u>enter the</u> idress here:	name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida Street Add		
 -	, Florid	Zip Code	
New Registered Agent's Signature, if changing Registered agent the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change than the company has been notified in writing of the	it and agree to act in this capacity. I furthe and complete performance of my duties, a cred agent as provided for in Chapter 605, in the registered office address, I hereby co	nd I am familiar with F.S. Or, if this	'

If Changing Registered Agent, Signature of New Registered Agent

itle/ Capacity	Name	Address	Type of Action
MBR	SMT Holdings, LLC	301 YAMATO ROAD, SUITE 313	308 Add
		BOCA RATON, FL 334	31 Remove
MGR	Marc D. Taub	301 YAMATO ROAD, SUITE 313	30B ■Add
		BOCA RATON, FL 334	Kenqoye
			AUG - 9 PH
			Remove
			Add
			Remove
			Add
			Remove
	a certificate, if required: no more than 90	days old, evidencing the the official having custody of records in the	<i>=</i>