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DATE:

02-02-15

NAME: EAST STORESMART METRO, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY.

Pursuant to the provisions of sections 605.0114, 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.

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1. Name of the limited liability company: EAST STO	RESMART METRO, LLC		
2. (a) Principal office address of limited liability compa	ny: 7777 NW Beacon Square Boule	vard	
(Note: MUST BE STREET ADDRESS)	Boca Raton, FL 33487		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7777 NW Beacon Square Bou	levard	
(Note: MAT BETOST OFFICE BOX)	Boca Raton, FL 33487		
December 1, 2011	M11000006036		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida De	ept. of State:	
Registered Agent:	C T Corporation System		
Registered Office Address:	1200 South Pine Island Road	F	
	Plantation, FL 33324	 	
		2	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address	ss: 🚉 🖟 🚘 🖯	
NEW Registered Agent:	National Corporate Resear		
NEW Registered Office Address:	155 Office Plaza Drive	A Comment	
(MUST BE FLORIDA STREET ADDRESS)	Tallanassee	,FL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee	Florida street address of the re- entical. Or, in the case of a Flo- (s) was/were authorized by an wise provided in the articles of	egistered office rida limited affirmative vote of	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 605, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability company.	l agree to act in this capacity. proper and complete performa position as registered agent as nerely reflect a change in the i nny has been notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.	

Signature of Registered Agent Sean Honan, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (12/13)