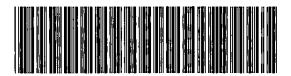
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(Reque	estor's Name)					
(Address)						
(Addre	ss)					
(City/S	tate/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Busin	ess Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

Office Use Only



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S Warren NOV 3 0 2016



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: November 23, 2016

Order#: 349105-294

Re: SMX, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

._. ._. ._ ._ ._ ._ ._

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.	Na	me of the limited liability company: ADL	AB, LLC			
2. ((a) <u>.</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Chicago IL 60	642	-		
2		04/02/2012		_	M120000	
3.		Date of filing/registration in Flori	lda	4.		Document number
5. (a	(a)	C T CORPORATION SYSTEM			200	
		Registered Agent and Registered Office shown on t	he records of the	e Florida l	Dept. of State	: :
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		1200 SOUTH PINE ISLAND ROAD				:
		PLANTATION	, FL_	33324		
(b)	Corporation Service Company				TARY ASSE
,	,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				2 2 m
		1201 Hays Street				LED 128 P 1: 07 17ARY OF STATE ASSEE, FLORIDA
		NEW Registered Office Address:				A
		Tallahassee	. FL	32301		•
the o ager was	chai it w /we	mited liability company is not organized unge or changes are made, the Florida street will be identical. Or, in the case of a Florid at authorized by an affirmative vote of the ples of organization or the operating agrees the street of the control of the operating agrees the street of the control of the operating agrees the street of the control of the operating agrees the street of the control of the operating agrees the street of the control of the c	nder the laws address of the a limited liab members of	of the S ne regist ility cor the limit mited lia	ered office npany, it is ted liability ability com	e and the business office of the registere is hereby confirmed that the change(s) y company or as otherwise provided in apany.
Si	grati	ure of a member or authorized representative of a m	ember	JIII CI	ilmi, Autho	rized Person Printed or typed name of signee
I he prov the o to m noti	reb visicobli vere Vieli	or accept the appointment as registered agons of all statutes relative to the proper an interest of all statutes relative to the proper and its registered agent by reflect a change in the registered office in writing of this thange. The of Registered Agent Corporation Service (ent and agree d complete po as provided j address, I he	erforma for in Ci reby coi	nce of my d hapter 605 nfirm that i	acity. I further garee to comply with the
		D. 1.4				

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