M/600000532

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT				
(Business Entity Name)				
(Document Number)				
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 21, 2017

Order#: 821935-079

Re: VIRGINIA KEY SMI, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

Issue Proof of Filing. <u>XX</u>___

Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive 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

T.

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: VIRGINIA KE	Y SMI, LLC	
2. (a	17330 Preston Road, Suite 220A	(b)	
_, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Dallas T> 75252		
	01/19/2016	<u>M1</u>	600000532
3.	Date of filing/registration in Florida	4.	Document number
5. (a) David Filler		
<u> </u>	Registered Agent and Registered Office shown on the records o	of the Florida Dept.	. of State:
	1688 Meridian Avenue, Suite 900		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
			*AS
	Miami Beach , F	L <u>33139</u>	T SEP 29
(b)	*		m [→] of i***
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	
	1201 Hays Street		7: 1 STATE LORIDA
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	—— DFE ● DA
	Tallahassee, F	L_32301	
the chagent was/w	limited 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 I ere authorized by an affirmative vote of the members ides) of organization or the operating agreement of the	of the registered iability compar of the limited l	d office and the business office of the registered ny, it is hereby confirmed that the change(s) iability company or as otherwise provided in
	Jee & Gome	Jill Cilmi,	Authorized Person
	ature of member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei notifie	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.	e performance (ed for in Chapt hereby confirn	of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been
Signat	are of Registered Agent Corporation Service Company	BY: Ami M	1. Casper, Asst. Vice President