M16000006724

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17 SEP 25 AH 7: 18
SECRETARY OF STATE
TALLAHASSEE FLOOR

SEP 26 2017 J SHIVERS



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#: 821935-033

Re: LAS OLAS 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.

XX Issue Proof of Filing.

XX 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

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. N	Jame of the limited liability con	pany: LAS OLAS S	MI, LLC		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2. (a)	17330 Preston Road, Suite 2	20A [†]	(b)				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(°)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Dallas	T> 75252					
	08/22/2016		M	16000006724			
3.	Date of filing/registra	ation in Florida	4.	Document n	umber		
5. (a) David F. Filler						
J. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	1688 Meridian Avenue, Suite 900				_		
	Registered Office Address (MUS	<u></u>	1 7 SEP SEGRET				
	Miami Beach	,1	FL33139		P 25 TARY		
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address: 1201 Hays Street NEW Registered Office Address:			;;	EP 25 AH 7: 18 ETARY OF STATE HASSEE, FLORIDA		
	Tallahassee	,1	FL <u>32301</u>				
the ch agent was/w	limited liability company is not ange or changes are made, the f will be identical. Or, in the cas were authorized by an affirmativitic spf organization or the ope	Florida street address e of a Florida limited e vote of the members	of the registere liability compa s of the limited	ed office and the busi any, it is hereby conf liability company or	ness office of the registered irmed that the change(s)		
	Xie E. agu	<u>i</u>	Jill Cilmi	i, Authorized Person			
Signature of a member or authorized representative of a member				Printed or type	Printed or typed name of signee		
provis the ob to mer	eby accept the appointment as re- tions of all statutes relative to the digations of my position as regionally rely reflect a change in the registed in writing of this change.	egistered agent and a ne proper and comple stered agent as provid stered office address,	igree to act in t te performance ded for in Chap I hereby confir	his capacity. I furthe e of my duties, and I o oter 605, F.S. Or, if t m that the limited lid	er agree to comply with the am familiar with and accept this document is being filed ability company has been		
Signat	ure of Registered Agent Corporatio	n Service Company	/ BY: Amil	M. Casper, Asst. Vi	ice President		