## M1600000 8886

(Re	questor's Name)				
bA)	dress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone				
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
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10/27/20--01030--006 \*\*25.00

2020 OCT 27 AHII: 41 SECRETARY OF STATE

12/5/20

## COVER LETTER

TO: Registration Section Division of Corporations	
SMART Financial Operations, LLC SUBJECT:	
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Richard Ben Foster	
Name of Person	
SMART Financial	
Firm/Company	
5728 Major Blvd., Suite 100	
Address	<del></del>
Orlando, FL 32819	
City/State and Zip Code	
bfoster@smartfinancialent.com	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter.	please call:
Ben Foster	678 592-3712 at ( )
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	amount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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	ame of the limited liability company: SMART Financia	al Opera	tions, LLC				
2. (a)			(b)				
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of li  (Note: MAY BE)	imited liabili	ity comp	oany;
	5728 Major Blvd., Suite 100		5728 Maje	or Blvd., Suite 100			
	Orlando, FL 32819		Orlando, F	L 32819			
	11/04/16		M16000008	3886			
3.	Date of filing/registration in Florida	4,		Document numb	oer		
- ( · · ·	Christian Schroder						
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat	te:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	_			
	5728 Major Blvd Suite 100		<del>_</del>				
	Orlando , Fl	32819		_	SECRI	2020 OCT	<b>5</b> 0
(b)	Richard Ben Foster			_	LVHV EVEN	T 27	12000 120000 1
	Enter name of NEW Registered Agent and/or NEW Registered	d Office :	address:		4 5 40 J	AH II: L	
	NEW Registered Office Address:	-		_		<del></del>	
	5728 Major Blvd Suite 100			_			
	Orlando , Fl	32819 L		_			
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lister authorized by an affirmative vote of the members of the offer of the members of the operating agreement of the	registe ability of of the li dimited	red office an company, it is mited liabilit I liability con	d the business of s hereby confirm y company or as npany.	fice of the ed that the otherwise	regist chang	ered ge(s)
Siona	ture of a nember or authorized representative of a member		—————	ster, Exec. VP/CFO Printed or typed na		<u>.</u>	
I here provisi the obl to mer	by accept the appointment as registered agent and aging ions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I writing of this change.	nerfori	nance of my i	acity. I further a duties, and I am i	gree to co familiar w	mply v	l accept
Signatu	re of Begistered Agent						
	Division of Corporations P.O.	Box 63	27• Tallaha:	ssee, FL 32314			

FILING FEE: \$25.00