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то:	Amendment Section Division of Corporations	•			
SUBJE	JECT: Smart Buyer, Inc. (Name of Corporation)	<u> </u>			
DOCU	UMENT NUMBER: P06000029326				
	nclosed Statement of Change of Registered Office/Agent and	fee are submitted for filing.			
Please	e return all correspondence concerning this matter to the follow	ving:			
	Paul J. Burkhart, Esq.				
	(Name of Contact Person)				
	Law Offices of Paul J. Burkhart, LLO (Firm/Company)	<u> </u>			
800 Village Square Crossing, Suite 108 (Address)					
Palm Beach Gardens, Florida 33410 (City/State and Zip Code)					
For fur	urther information concerning this matter, please call:				
Paul	I J. Burkhart, Esq. at (561 (Name of Contact Person) (Area) 656-2065 Code & Daytime Telephone Number)			
Enclos	osed is a \$35.00 check made payable to the Department of Stat	e.			
	Amendment Section A Division of Corporations D P.O. Box 6327 C Tallahassee, FL 32314 26	reet Address: mendment Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of	f the corporation: Smart Buyer, Inc.		
	al office address: 8824 S.E. Oak Grove	e Terrace, Hobe Sound,	Florida 33455
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 2/27/06	Document number: F	206000029326
	nd street address of the current registered a partment of State:	agent and registered office or	n file with the
	Joel Eric		
	1591 S.E. Port St. Lucie B	Soulevard, Suite J	
	Port St. Lucie, Florida 3495	52	TALL SEC
6. The name are (if changed)	nd street address of the new registered age	ent (if changed) and /or regist	SSE
	Paul J. Burkhart, Esq.		
	800 Village Square Cross (P.O. Box NOT acceptable		F STATE A STATE
	Palm Beach Gardens, Flo	rida 33410	
	dress of its registered office and the stree ill be identical.		
Such change vauthorized by	was authorized by resolution duly adopte the board, or the porporation has been n	ed by its board of directors of the characteristic of the characte	or by an officer so
Kaly	nature of an officer of director)	ROBERT W	MCL - PRES des
I further agre of my duties, i document is h	pt the appointment as registered agent a se to comply with the provisions of all sta and I am familiar with and accept the ob- being filed merely to reflect a change in t was been notified in writing of this chang	atutes relative to the proper bligation of my position as r the registered office address	city. and complete performance egistered agent. Or, if this s, I hereby confirm that the
		5/15/06	
	Signature of Rogistered Agent)	(Date	
ii signing on	behalf of an entity:		•

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)