Current Ma	iling Address:			
5018 SEMINOLE PRATT WHITNEY RD. LOXAHATCHEE, FL 33470 UN				
FEI Number: 45-2816667		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
HESLIN, RYAN 13430 80TH LN WEST PALM B				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURI	E: RYAN HESLIN			03/20/2014
SIGNATURI	E: RYAN HESLIN Electronic Signature of Registered Agent			03/20/2014 Date
	Electronic Signature of Registered Agent	Title	MGRM	
Authorized	Electronic Signature of Registered Agent Person(s) Detail :	Title Name	MGRM HESLIN, JULIE	
Authorized	Electronic Signature of Registered Agent Person(s) Detail : MGRM			
<b>Authorized</b> Title Name	Electronic Signature of Registered Agent <b>Person(s) Detail :</b> MGRM HESLIN, HUGH 13458 80TH LN. N.	Name	HESLIN, JULIE 13458 80TH LN. N.	Date
<b>Authorized</b> Title Name Address	Electronic Signature of Registered Agent <b>Person(s) Detail :</b> MGRM HESLIN, HUGH 13458 80TH LN. N.	Name Address	HESLIN, JULIE 13458 80TH LN. N.	Date
<b>Authorized</b> Title Name Address City-State-Zip:	Electronic Signature of Registered Agent <b>Person(s) Detail :</b> MGRM HESLIN, HUGH 13458 80TH LN. N. WEST PALM BEACH FL 33412	Name Address	HESLIN, JULIE 13458 80TH LN. N.	Date
Authorized Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent <b>Person(s) Detail :</b> MGRM HESLIN, HUGH 13458 80TH LN. N. WEST PALM BEACH FL 33412 MGRM	Name Address	HESLIN, JULIE 13458 80TH LN. N.	Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RYAN HESLIN

## 03/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: A SMOKERS DELIGHT LLC

## **Current Principal Place of Business:**

5018 SEMINOLE PRATT WHITNEY RD. LOXAHATCHEE, FL 33470

DOCUMENT# L11000080968

## FILED Mar 20, 2014 **Secretary of State** CC8292619273

Date

MNGR/MBR