112000119155

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800302715738

08/30/17--01017--009 **25.00

T7 AUG 30 AM 7:41 ECRETARY OF STALE.

COVER LETTER

_	sion of Corporations							
Florida FM Holdings, LLC								
SOBULCI.	Name of Limited Liability Company							
Dear Sir or N	Madam:							
The enclosed	d Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.					
Please return	all correspondence concerning thi	s matter to the fo	Howing:					
Douglas A	A. Wood							
	Name of Person		-					
Douglas A	A. Wood, P.A.							
W- W-	Firm/Company		-					
700 11th S	Street South, Suite 102							
	Address		•					
Naples, Fl	lorida 34102							
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	-					
stephanie	@dougwoodlaw.com							
E-mail	address: (to be used for future ann	ual report notifica	ation)					
For further i	nformation concerning this matter,	please call:						
Douglas V	Vood	239 at (263-7740					
	Name of Person		Area Code & Daytime Telephone Number					
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations fon Building 1 Executive Center Circle lahassee, Florida 32301	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314					
Enclosed is a check for the following amount:								
☑ \$	25 Filing Fee	\$ 55	Filing Fee & Certified Copy					

INH\$18 (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	me of the limited liability company: Florida FM F	Holdings, LLC		
2. (a)		(b)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`, <u>_</u> _	Mailing address of limited liability con (Note: MAY BE POST OFFICE B	•
	253 Weatherhill Drive			
	West Chester, PA 19382			
	9/18/2012	L120	000119155	
3.	Date of filing/registration in Florida	4,	Document number	
5. (a)	NRAI Services, Inc.			
. (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept.	of State:	
	Registered Office Address	ADDRESS)		
	1200 South Pine Island Road		ALL.	
	Plantation F	L_33324	7 AUG CRE7 -AHA	'Tri
(b)	Douglas A. Wood		ARY SSEL	Tanana
()	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address	CRETARY OF STATE LATIASSEE FLORIDA	77
	NEW Registered Office Address:			
	700 11th Streets South, Suite 102			
	Naples	L 34102	:	
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the State of the registered liability compare of the limited lability the limited liability	d office and the business office of the ny, it is hereby confirmed that the cha liability company or as otherwise pro- ity company.	registered inge(s)
- #	any alla uf an any distribution of a member	AAiysha	A. Munawar, Manager Printed or typed name of signee	
I here provisi the obi to mer notified	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide elv reflect a change in the registered office address. It is a Registered Agent	gree to act in th le performance led for in Chapt I hereby confiri	nis capacity. I further agree to compl	y with the and accep jeing filed as been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00