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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.				
SIGNATURE: SPENCER SILVERGLATE	PRES	04/28/2014		

DOCUMENT# N02000005581

Entity Name: FLORIDA ASSOCIATION OF MANAGING PARTNERS, INC.

# **Current Principal Place of Business:**

200 EAST BROWARD BOULEVARD SUITE 1900 FORT LAUDERDALE, FL 33301

# **Current Mailing Address:**

200 EAST BROWARD BOULEVARD SUITE 1900 FORT LAUDERDALE, FL 33301 US

# FEI Number: 06-1672166

#### Name and Address of Current Registered Agent:

SILVERGLATE, SPENCER ESQ. 799 BRICKELL PLAZA SUITE 900 MIAMI, FL 33131 US

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.

SIGNATURE	SPENCER SILVERGLATE		0	4/28/2014		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PRES	Title	VP			
Name	SILVERGLATE, SPENCER	Name	MCCORMICK, BRAD J			
	799 BRICKELL PLAZA	Address	25 WEST FLAGLER STREET, PH			
City-State-Zip:	SUITE 900 MIAMI FL 33131	City-State-Zip:	MIAMI FL 33130-1712			
Title SE0	SECRETARY	Title	TREASURER			
		Name	COLSON, DEAN C			
Name	LOPEZ-CASTRO, CORALI	Address	255 ALHAMBRA CIRCLE, PH			
Address	25 PONCE DE LEON BOULEVARD TH FLOOR City-State-7	City-State-Zip:	CORAL GABLES FL 33134-7411			
City-State-Zip:	MIAMI FL 33134-6037					

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 28, 2014 Secretary of State CC8390165053

Certificate of Status Desired: No

Date