I hereby certify that the information indicated on this report or supplemental report is true and ac oath; that I am an officer or director of the corporation or the receiver or trustee empowered to e above, or on an attachment with all other like empowered.		
SIGNATURE: SPENCER SILVERGLATE	PRES	04/30/2015

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			04/30/2015
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	PRES	Title	VP	
Name	SILVERGLATE, SPENCER	Name	MCCORMICK, BRAD J	
Address 799 BRICKELL PLAZA SUITE 900 City-State-Zip: MIAMI FL 33131	Address	25 WEST FLAGLER STREET, F	РН	
	City-State-Zip:	MIAMI FL 33130-1712		
Title	TitleSECRETARYNameLOPEZ-CASTRO, CORALI	Title	TREASURER	
		Name	COLSON, DEAN C	
		Address	255 ALHAMBRA CIRCLE, PH	
Address 2525 PONCE DE LEON BOULEVARD 9TH FLOOR	City-State-Zip:	CORAL GABLES FL 33134-74	BLES FL 33134-7411	
City-State-Zip:	MIAMI FL 33134-6037			

Electronic Signature of Signing Officer/Director Detail

FILED Apr 30, 2015 Secretary of State CC2586484995

Certificate of Status Desired: No

Date