

**A990000000215**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

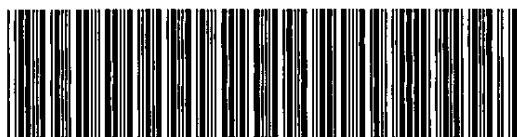
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
17 MAY 11 PM 4: 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S Warren**

**MAY 12 2017**



CORPORATION SERVICE COMPANY

CSC - WILMINGTON  
Suite 400  
2711 Centerville Road  
Wilmington De 19808  
800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: May 9, 2017

Order#: 623632/002

Re: FAMPAR, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard  
c/o Corporation Service Company  
2711 Centerville Road, Suite 400  
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. FAMPAR, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/01/1999 3. A99000000215  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Sanford Reinhard  
Name

1290 Weston Road  
Address

Weston FL 33326  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301  
City, State and Zip

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6. Such change(s) is/are effective when filed by the Florida Department of State.

Jill E. Cilmi  
Signature of General Partner Jill Cilmi, Vice President on behalf of Fampar, Inc., General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: Lindsey M. Lockard  
Signature of Registered Agent  
Lindsey M. Lockard, Asst. Vice President

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50