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TRANSMITTAL LETTER

TO: Régistration Section Division of Corporations
SUBJECT: Fleming Capital Management, LLC
(Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ronald P. Russo, Jr.
(Name of Person)
(Name of Person) Fleming Capital Management, LLC (Firm/Company) 4532 West Kennedy Blvd., Suite 524 (Address)
(Firm/Company) Sylvy
4532 West Kennedy Blvd., Suite 524
(Address)
Tampa, FL 33609
(City/State and Zip Code)
For further information concerning this matter, please call:
Ronald P. Russo, Jr. at (310 925-9976 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:

Certified Copy

(additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Certificate of Status

MAILING ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is:	Fleming Capital Managem	nent, LLC
2. The mailing address of the limited liability cor		
Tampa, FL 33609		
June 4, 2002	Document# L02000013621	
3. Date of filing/registration in Florida 4. Document n		nber
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown o	on the records of the
Ronald P. Russo, Jr	·	
5851 Holmberg Roa	Name id, Suite 123	
	Address	
Parkland, FL 33067	State and Zip	
6. The name and address of the new registered age	•	200 TALL
Ronald P. Russo, Jr	•	5 JA
4532 West Kennedy	ame Blvd., Suite 524	TILE 2005 JAN 10 AM I SECRETARY CI S
Florida street address	(P.O. Box NOT acceptable)	
Tampa, FL 33609	FL.	AMII: 08
City, Sta	ate and Zip	08
If the limited liability company is not organized un confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the country the members of the limited liability company or as the operating agreement of the limited liability confirmed that the conf	de, the Florida street address of be identical. Or, in the case of change(s) was/were authorized to otherwise provided in the art impany.	of the registered office of a Florida limited I by an affirmative vote of
Ronald P. Russo, Jr. (Printed or typed name of signee)		
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations Chapter 608, F.S. Gr, if this document is being fil address A hereby chnfirm that the limited liability	ent and agree to act in this cap to the proper and complete pe of my position as registered a ed to merely reflect a change company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) FILING FEE: \$25.00

(Signature of Registered Agent)