#203000004136

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

Office Use Only



600240545816

10/17/12--01017--006 **25.00

12 OCT 17 PH 1:39
SECNETARY OF STATE
ALLAHASSEE, FLORIDA

K.SALY EXAMINER OCT 18 2012

T. ROBERT ZOCHOWSKI, J.D., L.L.M.

COUNSELLOR AT LAW

MEMBER D.C., N.J., N.Y. & FL. BAR

HAAS BLDG. SUITE 400 1001 N. U.S. HIGHWAY ONE JUPITER, FLORIDA 33477 561-744-1175 FAX 561-744-6333

P.O. BOX 33 50 PRINCETON-HIGHTSTOWN ROAD PRINCETON JUNCTION, N.J. 08550 609-799-2111 FAX 609-799-7563

October 15, 2012

Via UPS Ground

Registration Section
Florida Department of State
Division of Corporations
Clifton Building
2661 W. Executive Center Circle
Tallahassee, FL 32301

Re: FEM Investments, LC

Dear Sir/Madam:

This office represents the captioned limited liability company. Enclosed please find Change of Registered Agent and our check in the amount of \$25.00 for your filing fee.

If there is anything further required, please advise.

Very truly yours,

T. Robert Zochowski

TRZ/sb

Enclosures

cc: Mr. Peter Pantages

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	PBJECT: FEM Investments, LC Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offic	e Change	and fec(s)	are submitted for filing.	
Pleasc	return all correspondence concerning this	matter to	the follow	ing:	
	T. Robert Zochowski, Esq. Name of Person		_		
	Firm/Company		ut.		
	1001 N. US Hwy One, Suite 400 Address		_	·	
	Jupiter, FL 33477 City/State and Zip Code		-		
	ppantages@mccayre.com . mail address: (to be used for future annual report notific	ation)	-		
For fur	ther information concerning this matter, p	lease call:			
	T. Robert Zochowski, Esq. at	(561	_)	744-1175	
	Name of Person	•	Area Code &	Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
[\$25 Filing Fee	\$5	5 Filing Fe	ee & Certified Copy	

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.

Name of the limited liability company:	FEM Investments, LC
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	176 Helios Drive , # 505 Jupiter, FL 33477
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	176 Helios Drive Jupiter, FL 33477
February 3, 2003	L03000004136
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	T. Robert Zochowski, Esq.
Registered Office Address:	Suite 400 1001 N. US Highway One Jupiter, FL 33477
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Peter L.A. Pantages
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	176 Helios Drive , #505 Jupiter ,FL 33477
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability compans	atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Signature of a member or authorized representative of a member	
Peter L. A. Pantages, Managing Member Printed or typed name of signed	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my planter 608, E.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compar	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.
Division of Corporations, P.O. Box 6.	327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)