L05000079319

• (Requestor's Name)
(Address)
(Address)
(Addless)
(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



900199467569

03/28/11--01047--004 **25,00

N. Cuffigan MAR 2 9 2011

COVER LETTER.

TO: Registration Section Division of Corporations	·	
SUBJECT:	FIH, LLC	
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
Wayne Jones		
Name of Person		
FIH, LLC Firm/Company		
6301 Haggerty Road		
Belleville, MI 48111 City/State and Zip Code		
wbodenmiller@contltd.co	m notification)	
For further information concerning this ma	tter, please call:	
Wendy Bodenmiller	at (734) 398-7001 x4	
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	\$55 Filing Fee & 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.

1. Name of the limited liability company:	FIH, LLC
2. (a) Principal office address of limited liability company	: 6301 Haggerty Road
(Note: MUST BE STREET ADDRESS)	Belleville, MI 48114
(b) Mailing address of limited liability company:	6301 Haggerty Road
(Note: MAY BE POST OFFICE BOX)	Belleville, MI 48111 28 97
8/11/05	L05000079319
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	
Registered Agent:	Jeffrey S. Kannensohn
Registered Office Address:	9132 Strada Place Third Floor Naples, FL 34108-2683
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
NEW Registered Agent:	Joel R. Lavender
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	507 S.E. 11 Court
	Fort Lauderdale ,FL33316
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
Signature of a member of authorized representative of a member	-
Wayne Jones, Member Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent