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SECRETAIN OF STATE
ALLAHASSEE, FLORID)

COVER LETTER

TO: Registration Section Division of Corporations					
FS Mid Holdings, LLC SUBJECT:					
	ne of Limited I	Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	tice Change and	d fee(s) are submitted for filing.			
Please return all correspondence concerning the	nis matter to the	following:			
Frank V. DuMond					
Name of Person		 -			
Firm/Company			<u></u> ≯-1:3	1 8	
3910 Lincoln St				1164 -5	<u> </u>
Address)) 		FILED
Hollywood, FL			E.	W 8: 14	\Box
City/State and Zip Code		- -	RIDA	3:	
frank_v_d@yahoo.com			-	-	
E-mail address: (to be used for future an	nual report noti	fication)			
For further information concerning this matter	, please call:				
Sharon M. DuMond	305 at (252-7553			
Name of Person	(Area Code & Daytime Telepho	one 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	g amount:				
☑ \$25 Filing Fee	<u> </u>	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 605.0114 or 605.0116. 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: FS Mid H	loldings, LLC			
2. (14805 SW 216 St	(b) 148	(b) 14805 SW 216 St		
(Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)	` ` /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Miami, FL 33170	Miar	mi, FL 33170		
	· · · · · · · · · · · · · · · · · · ·				
	05/03/2006	L060	00045806		
3.	Date of filing/registration in Florida	4.	Document number		
5. ((a) Gary Smith, Esq.				
• • •	Registered Agent and Registered Office shown on the recor	rds of the Florida Dept. c	State:		
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	FILE 18 NOV -2 , TALLAHASSEE,		
	Miami, FL	₁₂₁ 33125	FIL.		
(°	_{b)} Frank V. DuMond		- Py 季 ロー		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	stered Office address:	AM 8: 14		
	NEW Registered Office Address:				
	14805 SW 216 St.				
	Miami	. FL 33170			
the cager was/ the a	ne limited liability company is not organized under the change or changes are made, the Florida street addreint will be identical. Or, in the case of a Florida limit /were authorized by an affirmative vote of the membarticles of organization or the operating agreement or	ess of the registered (ted liability company pers of the limited lia	office and the business office of the registered v, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. DuMond		
_	gnature of a member or authorized representative of a member	I man a serie and the date	Printed or typed name of signee		
prov the o to m	ereby accept the appointment as registered agent and cisions of all statutes relative to the proper and compobligations of my position as registered agent as properly reflect a change in the registered office addressible in writing of this change.	a agree to act in this plete performance o ovided for in Chapte ss, I hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been		

Signature of Registered Agent