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	(Address	s)			
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(City/State/Zip/Phone #)					
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	·····	FMI Investors II, LLC nited Liability Company
	rano or bi	mod Diability Company
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning th	is matter to the following:
	ARTHUR LIPSON	20
	Name of Person	E C
/	AND FIMI INVESTORS	TUC ASSE
	V Firm/Company	'
90	O No. FEDERAL HIGHER	1AY- #208
11.	ALLANDALE BEACH, FZ	1 33009
	City/State and Zip Code	
	BREITBARTA C VAIK E-mail address: (to be used for future annual report noti	00.GH.
For fi	urther information concerning this matter,	, please call:
<u></u>	ARYNE DREITBART &	at 964) 454-1114 Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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.

900 N. Federal Highway-Suite 208 Hallandale Beach, FL 33009 US 900 N. Federal Highway-Suite 208 Hallandale Beach, FL 33009 US L09000051726
Hallandale Beach, FL 33009 US 900 N. Federal Highway-Suite 208 Hallandale Beach, FL 33009 US
Hallandale Beach, FL 33009 US
Hallandale Beach, FL 33009 US
L09000051726
4. Document number
on the records of the Florida Dept. of State:
Schimmel, Joseph B Esq
9400 S Dadeland Blvd, Ste 600 S Miami, FL 33156
NEW Registered Office address:
InCorp Services, Inc.
17888 67th Court North Loxahatchee ,FL33470
the laws of the State of Florida, it is hereby the Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.
nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change. x 6327, Tallahassee, FL 32314
In Cap P

FILING FEE: \$25.00