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| (Reques | tor's Name) | <u> </u> |
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

ARD FILED

D. BRUCE

OCT 25 2012

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|--|
| SUBJECT: FM Northwood, LLC Name of Limited Liability Company | | |
| Dear Sir or Madam: | • | |
| The enclosed Registered Agent/Registered Of | ffice Change and fee(s) are submitted for filing. | |
| The cholosed Registered Algent Registered Of | The Change and rec(s) are submitted for filling. | |
| Please return all correspondence concerning t | his matter to the following: | |
| • | 1 | |
| Molioco A Monkin | | |
| Melissa A. Mankin Name of Person | · · · · · · · · · · · · · · · · · · · | |
| | | |
| Mankin Law Group | | |
| Firm/Company | | |
| | Þω | |
| 2535 Landmark Drive, Suite 2 | 12 ECR | |
| Address | ・ ・ ・ ・ ・ | |
| | 55.7 2.7 | |
| Clearwater, Florida 33761 | (전) 1 | |
| City/State and Zip Code | | |
| | 27 C | |
| Melissa@mankinlawgroup.co | m Spin o | |
| Melissa@mankinlawgroup.co E-mail address: (to be used for future annual report no | dification) | |
| For further information concerning this matte | r, please call: | |
| Melissa A. Mankin | at (727) 725-0559 | |
| Name of Person | Area Code & Daytime Telephone Number | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P.O. Box 6327 | |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 | |
| i ananassee, rionua 32301 | | |
| Enclosed is a check for the following | g amount: | |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy | |

INHS18 (5/08)

3- 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: | FM Northwood, LLC |
|--|---|
| 2. (a) Principal office address of limited liability company | : 2535 Landmark Drive, Suite 212 |
| (Note: MUST BE STREET ADDRESS) | Clearwater, Florida 33761 |
| (b) Mailing address of limited liability company: | SAME |
| (Note: MAY BE POST OFFICE BOX) | |
| 04/04/2011 | L09000053386 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on t | he records of the Florida Dept. of State: |
| Registered Agent: | Candice J. Gundel |
| Registered Office Address: | 2535 Landmark Drive, Suite 212 0 Clearwater, Florida 33761 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> | |
| NEW Registered Agent: | Melissa A. Mankin |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 2535 Landmark Drive, Suite 212 |
| | Clearwater ,FL 33761 |
| If the limited liability company is not organized under the l confirmed that after the change or changes are made, the FI and the business office of the registered agent will be ident liability 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 Signature of a member or authorized representative of a member | aws of the State of Florida, it is hereby torida 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 |
| Leonard J. Mankin 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 of an I am familiar with and accept the obligations of my po. Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company Signature of Registered Agent | gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change. |

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