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(Re	questor's Name)						
(Address)							
. (Ad	dress)						
(City/State/Zip/Phone #)							
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	FFMC, LLC		
		of Limited L	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the	following:
ASHI	LEY KRUEGER		
	Name of Person		_
FRIE	DMAN MANAGEMENT COMPAN	Y	
	Firm/Company		
3497	5 W. TWELVE MILE ROAD	-	
	Address		_
FARM	MINGTON HILLS, MI 48331		
	City/State and Zip Code		
ASHI	LEY.KRUEGER@FREG.COM		
E	E-mail address: (to be used for future annu	ial report notif	ication)
For fur	rther information concerning this matter, p	please call:	
ASHL	LEY KRUEGER	248	848-4094
	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	Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	☑ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy
INHSI	8 (2/14)		

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.

(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 34975 W. TWELVE MILE ROAD FARMINGTON HILLS, MI 48331 08/21/2009 Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of JAMES O'BRIEN Registered Office Address (MUST BE FLORIDA STREET)		200 WE	(Note: M DO PALM BEA EST PALM BE DO00081184	tress of limited liability comparate by the second liability comparate by th)
(a) .	34975 W. TWELVE MILE ROAD FARMINGTON HILLS, MI 48331 08/21/2009 Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of JAMES O'BRIEN		L090	OO PALM BEA ST PALM BE 000081184 Documen	ACH LAKES BLVD., EACH, FL 33409	
(a) .	08/21/2009 Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of JAMES O'BRIEN		L096	000081184 Documen	Avel II. Parket IV	
(a) .	Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of JAMES O'BRIEN			Documen	nt number	
, (a) <u>.</u>	Registered Agent and Registered Office shown on the records of JAMES O'BRIEN		da Dept.		nt number	
	JAMES O'BRIEN	the Flori	da Dept.	of State:		
	JAMES O'BRIEN	the Flori	da Dept.	of State:		
	Registered Office Address /MUST RF FLORIDA STREET			or orace.		
•	Registered Office Address (MODI DE LEGITIM STREET	ADDRE	<u>SS)</u>			
	2000 PALM BEACH LAKES BLVD., 201				7 27	
•	WEST PALM BEACH , FI	_3340)9		2015 JAN 14 SECRETARY TALLAHASSI	-
					THE P	· [
(b) -	Enter name of NEW Registered Agent and/or NEW Registered	l Office	address:		35.8	- -
						9: 20
	LISA STAWICKI				OF THE	ج ج
	NEW Registered Office Address:				5 7	Ö
	2000 PALM BEACH LAKES BLVD., 201				•	
	WEST PALM BEACH FI	3340	09			
ne chan gent wi /as/wer	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cless of organization or the operating agreement of the	ws of the re iability of the leading	he State gistered compar imited l d liabili	l office and the ny, it is hereby (liability compan	business office of the re- confirmed that the chang	gistered e(s)
Signatu	are of a member or authorized representative of a member	*******		Printed or	r typed name of signee	
hereb rovisio ne obli onerei onfred	y accept the appointment as registered agent and as ms of all statutes relative to the proper and complete gations of my position as registered agent as provid ty reflect a change in the registered office address, I in writinglof this change.	ree to de perfor ed for it hereby	uct in the mance n Chapi r confirt	sis capacity. I fi of my duties, ar ver 605; F.S. Or n that the limite	urther agree to comply w nd I am familiar with and r, if this document is bein ed liability company has	rith the l accep ng filca been