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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	rsiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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2020 JUN 26 PH 5: 20
SECRETARY OF STATE

D. BRUCE AUG 12 1020

COVER LETTER

INHS18 (2/14)

TO:	Registration Secti Division of Corpo						
SUBJI	ECT:	FN5	HOLD IN 65, Name of Limited Lia	LLC ability Company		_	
Dear S	ir or Madam:						
The en	closed Registered A	Agent/Registe	red Office Change and f	ec(s) are submitted for filing.			
	_		ming this matter to the fo				
			9 e C	_			
	FNS HOL	D1N65 irm/Company	LLC	_			
_1	600 ISLA	NA BL Address	V3 # 290	6			
E	,	-	Code Amail. Com ture annual report notific		SECRETARY OF TALLAHASSET	2020 JUN 26 PM	1
For fur	ther information co	oncerning this	matter, please call:		の影響	5: 20	فحيدة
Sa	ra Tobi L	ewinger	at (305	935-3096		_	
	Name of	Person '		Area Code & Daytime Telephor	ne Numb	er	
	Mailing Addres Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	e 810		
	Enclosed is a che	ck for the fol	llowing amount:				
	□ \$25 Filing Fee		5 \$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: FNS HOLDINGS LLC
2. (a) 2600 15LAND BLVD (b) me
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
2906
AVENTURA FL 33160
6/18/20 2090009.6016
3. Date of filing/registration in Florida 4. Document number
5. (a) MORFIS LAW Group
Registered Agent and Registered Office shown on the records of the Florida Dept, of State:
7284 W. PALMETTO PAPK RD Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
<u>SUITE 101</u>
\sim \sim \sim \sim
BOCK RATION FL 38433 (b) ESTHER D. RUSSO
(b) ESTHER D. Russo
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2600 IGLAND BLVD
NEW Registered Office Address:
APT 2906
AVENTURA FL 33160
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the afficles of organization or the operating agreement of the limited liability company. Sara Tobi Lewinger
Signature of a member or authorized representative of a member Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provincions of all statutes relative to the proper and complete performance of my duties, and I am lamiliar with and accep-
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accep the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
no merety reflect a change in the registered office address, I hereby confirm that the limited habitily company has been notified in writing of this change.
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