## LD9000 11537

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(City	y/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
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SECREIARY OF STATE
TALLAHASSEE, FLORID!



## **COVER LETTER**

то:	Registration Section Division of Corporations					
SUBJI	ECT: FRIEDMAN/FFMC, LLC					
501301	Name	Name of Limited Liability 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 t	following:			
ASHL	LEY KRUEGER					
	Name of Person		<del></del>			
FRIE	DMAN MANAGEMENT COMPAN	Y				
	Firm/Company		<del></del>			
3497	5 W. TWELVE MILE ROAD					
	Address		_			
FARN	MINGTON HILLS, MI 48331					
	City/State and Zip Code		<del></del>			
ASHL	_EY.KRUEGER@FREG.COM					
Е	E-mail address: (to be used for future annu	nal report notifi	cation)			
For fur	rther information concerning this matter,	please call:				
ASHL	EY 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	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 clahassee, Florida 32314			
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	<b>□</b> \$5	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.

1. N	ame of the limited liability company: FRIEDMAN/I	FFMC,	LLC			=	
.,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		λ	Mailing address of lim	ited liability com	ipany: <i>OX</i> )	
	34975 W. TWELVE MILE ROAD		2000 PA	LM BEACH LA			1
	FARMINGTON HILLS, MI 48331		WEST P	ALM BEACH,	FL 33409		
	12/07/2009		L0900011	16537			
3.	Date of filing/registration in Florida	4.		Document number	er		
5. (a)	Registered Agent and Registered Office shown on the records of						
	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of State	2:			
	JAMES O'BRIEN			_			
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRES</u>	<u>'S)</u>				
	2000 PALM BEACH LAKES BLVD., 201			•	2017 AL SE	2	
	WEST PALM BEACHFI	3340	9		SECRE FARY	1 5	П
	* *			-	五百	_	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			•	SSE X	-	1
	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	ddress:		mg.	Ì	٠,
	LISA STAWICKI				102	ج دہ	•
	NEW Registered Office Address:					نــ	
	2000 PALM BEACH LAKES BLVD., 201			•			
	WEST PALM BEACH , FI	3340	9			•	
sign Sign Ther provisition	dimited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the ature of a member or authorized representative of a member eby accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete organizations of my position as registered agent as providingly reflect a change in the registered office address, I ged in writing of this change.	f the regiability of the lie limited	istered office company, it is mited liability I liability com avid Friedm	e and the business s hereby confirme y company or as c npany. nan Printed or typed nar	office of the ed that the chaptherwise prov	regist inge(s vided	ered ) in
San	ture of Registered Agent						