## 1110005949

| (Requestor's Name)                      |                |             |  |  |
|---|----------------|-------------|--|--|
| (Address)                               |                |             |  |  |
| (Address)                               |                |             |  |  |
| (City/State/Zip/Phone #)                |                |             |  |  |
| PICK-UP                                 | MAIT           | MAIL        |  |  |
| (Business Entity Name)                  |                |             |  |  |
| (Document Number)                       |                |             |  |  |
| Certified Copies                        | _ Certificates | s of Status |  |  |
| Special Instructions to Filing Officer: |                |             |  |  |
|   |                |             |  |  |
|   |                |             |  |  |
|   |                |             |  |  |
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Office Use Only



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S. WARREN 0CT 0 9 2017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: October 4, 2017

Order#: 840909/002

Re: FMB, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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.

| I. N  | lame of the limited liability company: FMB, LLC  |  |   |
|---|--|--|---|
| 2. (a)  | 1300 ALLENDALE RD  | (b)  | b) 1300 ALLENDALE RD  |
| - (-)   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | _ (0)  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |
|   | WEST PALM BEACH FL 33405   | <del>-</del><br>-                                | WEST PALM BEACH FL, 33405   |
|   | 02/07/2011   |  | L11000015949  |
| 3.  | Date of filing/registration in Florida   | 4.   | Document number   |
| 5. (a   | ) CAPITOL CORPORATE SERVICES, INC.   |  |   |
| · (-  | Registered Agent and Registered Office shown on the records of th  | ne Florida                                       | a Dept. of State:   |
|   | 515 EAST PARK AVENUE   |  |   |
|   | Registered Office Address (MUST BE FLORIDA STREET A  | DDRESS)  | 5)  |
|   | 2ND FL   |  |   |
|   | TALLAHASSEE .FL  | 32301  | 17 OCT  |
| (b)   | Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered Company  1201 Hays Street  NEW Registered Office Address:  | Office add                                       |   |
|   | Tallahassee , FL_  | 32301  |   |
| the ch<br>agent<br>was/w                        | limited liability company is not organized under the laws ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cicles of organization or the operating agreement of the liabilities. | he regist<br>pility cor<br>the limi<br>imited li | stered office and the business office of the registere ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. |
| Sign  | ature of a member or authorized representative of a member   | Jill C   | Cilmi, Authorized Person  Printed or typed name of signee   |
| I here<br>provis<br>the ob<br>to men<br>notifie | by accept the appointment as registered agent and agre<br>ions of all statutes relative to the proper and complete p<br>ligations of my position as registered agent as provided<br>ely reflect a change in the registered office address, I had<br>in writing of this change                                    | performa<br>for in C.<br>Preby co                | t in this capacity. I further garee to comply with the  |