## L11000104840

(Requestor's Name)		
(Noquesto) & Name)		
(Address)		
,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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SECRETARY OF STATE

D. BRUCE

ANG 20 2012

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Name of Li	FFFK, LLC imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
BRUCE FORBES	
Name of Person	
FFFK, LLC Firm/Company	SECH TALL?
1212 E BROWARD BLVD STE 2 Address	2 AUG 17 PH 2: 43 SECRETARY OF STATE ALLAHASSEE, FLORID 204 204 21
FORT LAUDERDAL, FL 3330 City/State and Zip Code	2: 43
BRUCE@EXITREALTYFLORIDA.  E-mail address: (to be used for future annual report not	.COM
For further information concerning this matter	r, please call:
BRUCE FORBES  Name of Person	at ( 954 ) 4677557  Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
\$25 Filing Fee	\$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 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.

1. N	Name of the limited liability company:	FFFK, LLC
2. (	a) Principal office address of limited liability compan	y: 1212 E BROWARD BLVD
	(Note: MUST BE STREET ADDRESS)	SUITE 204 FORT LAUDERDALE, FL 33301
(	b) Mailing address of limited liability company:	1212 E BROWARD BLVD
	(Note: MAY BE POST OFFICE BOX)	SUITE 204 FORT LAUDERDALE, FL 33301
	12/21/2011	L11000104840
3. I	Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept 5.		
	Registered Agent:	CORPORATION SERVICE COMEANY
	Registered Office Address:	1201 HAYS STREET SAR THE TALLAHASSEE FL 32301 US
(	b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
	<u><b>NEW</b></u> Registered Agent:	BRUCE FORBES
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1212 E BROWARD BLVD STE 204
		FORT LAUDERDALE ,FL 33301
cons and liabs of th or th	the limited liability company is not organized under the firmed that after the change or changes are made, the firmed that after the change or changes are made, the firmed that after the property confirmed that the change (some members of the limited liability company or as other than the operating agreement of the limited liability company or as other than the operating agreement of the limited liability company of the limit	Florida street address of the registered office
	BRUCE FORBES	
	ed or typed name of signee	<del></del>
I he com and Cha addi	ereby accept the appointment as registered agent and a ply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of my poster 608, F,8/Or, if this document it being filed to make the limited liability companyers, I hereby confirm that the limited liability companyers.	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Sign	ature of Registered Agent	

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