L13000/49295

(Requestor's Name)
(Address)
(lauross)
(Address)
(City/State/Zip/Phone #)
(Chyotate Eph Hone h)
PICK-UP WAIT MAIL
(Business Entity Name)
(Casimoso Chary Hamo)
(Document Number)
Certified Copies Certificates of Status
,
Special Instructions to Filing Officer:

Office Use Only



100253642401

11/14/13--01013--021 **75.00

2013 NOV 14 PM 12: 07 SECRETARY OF STATE.

COVER LETTER

TO: Registration Section
Division of Corporations

SURJECT: FST HOLDINGS 1 LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIEZER PINSON

Name of Person

FST HOLDINGS 1 LLC

Firm/Company

6015 WASHINGTON STREET

Address

HOLLYWOOD, FL 33023

City/State and Zip Code

E@FLORIDASTATETRUST.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIEZER PINSON

_{#/}305

343-8630

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following 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.

3	
1. Name of the limited liability company: FST HOLDINGS	1 LLC
2. (a) Principal office address of limited liability compa (<i>Note: MUST BE STREET ADDRESS</i>)	any: 6015 WASHINGTON STREET, SUITE 200 HOLLYWOOD, FL 33023
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO BOX 820, HALLANDALE, FL 33008
10/23/2013	L13000149295
3. Date of filing/registration in Florida	4 D
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of Sare 2
Registered Agent:	ELIEZER PINSON
Registered Office Address:	3121 W HALLANDALE BEACH BLVD, SUITE 102 HALLANDALE, FL 33009
NEW Registered Agent: NEW Registered Office Address:	6015 WASHINGTON STREET, SUITE 200
(MUST BE FLORIDA STREET ADDRESS)	HOLLYWOOD, FL 33023
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company Signature of member or authorized representative of a member Theory of the limited liability company Printed or typed name of signee	e Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability complete the confirmation of the limited liability completes.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent