## 13000/49298

| (Re                                     | questor's Name)    | <u> </u>    |  |  |
|---|--------------------|-------------|--|--|
| (Ad                                     | dress)             |             |  |  |
| (Address)                               |                    |             |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | WAIT               | MAIL        |  |  |
| (Bu                                     | siness Entity Nan  | ne)         |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | Certificates       | s of Status |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
|   |                    |             |  |  |
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|   |                    |             |  |  |

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SECRETARY OF STATE

## COVER LETTER

**TO:** Registration Section Division of Corporations

SUBJECT. FST HOLDINGS 2 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 2 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.

| 1. Na   | me of the limited liability company: FST HOLDINGS  | 2 LLC  |   |  |
|---|--|--|---|--|
| 2. (a)  | Principal office address of limited liability company  | y: 6015 WASHINGTON STREET, SUITE 20<br>HOLLYWOOD, FL 33023   | 0   |  |
|   | (Note: MUST BE STREET ADDRESS)   | HOLLT WOOD, FL 33023   |   |  |
| (b)   | Mailing address of limited liability company:  | PO BOX 820, HALLANDALE, FL 33008   | 100   |  |
|   | (Note: MAY BE POST OFFICE BOX)   |  | 100 F   |  |
|   |  |  |   |  |
|   |  |  | <u> </u>  |  |
| 10/23/2   |  | L13000149298   | <u> </u>  |  |
| 3. Da   | te of filing/registration in Florida   | 4. Document number   | : <b>58</b>   |  |
|   |  |  | 1.2   |  |
| 5. (a   | Registered Agent and Registered Office shown on  | the records of the Florida Dept.   | of State:   |  |
|   | 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  |   |  |
|   | (MACON DE LEGINE LA PROPERTIE DE LA PROPERTIE  | <del> </del>   | FL  |  |
| confir and the liabilithe method op Signature Printed | limited liability company is not organized under the med that after the change or changes are made, the Fue business office of the registered agent will be identify company, it is hereby confirmed that the change(sembers of the limited liability company or as otherwise rating agreement of the limited liability company.  The or a member or authorized representative of a member or typed name of signee where the appointment as registered agent and a cepty accept the appointment as registered agent and a cepty accept the appointment as registered agent and a cepty accept the appointment as registered agent and accept the acceptance and acceptance acceptance and acceptance accepta | lorida street address of the regist<br>tical. Or, in the case of a Florida<br>) was/were authorized by an affin<br>se provided in the articles of org                        | ered office<br>limited<br>mative vote of<br>anization or            |  |
|   | eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pram familiar with and accept the obligations of my part of the first occument is being filed to me ss, I hereby confirm that the limited liability company the of Registered Agent  | igree to act in this capacity. I full oper and complete performance is stion as registered agent as properly reflect a change in the registy has been notified in writing of | riner agree to of my duties, wided for in tered office this change. |  |

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