L13000176328

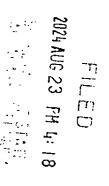
(Requestor's Name)						
(Address)						
(Address)						
(ridui633)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE						
AUG 2 7 2024						
AUG 2 / 2024						

Office Use Only



400435260744

08/23/24--0.016--012 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	FIEA LLC		
	Name of	Limited Liab	pility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office Cl	nange and fe	e(s) are submitted for filing.
Please	return all correspondence concerning this man	ter to the fol	llowing:
ANA C	GAZARIAN		
	Name of Person		-
FIEAT	LLC		
	Firm/Company		-
175 SW	v 7TH ST STE 1718		
	Address		-
MIAN	II. FL 33130		
	City/State and Zip Code		•
ana.gaz	arian@ems-ir.com		
F	-mail address: (to be used for future annual re-	port notified	ntion)
For fur	ther information concerning this matter, pleas	e call:	
ANA C	GAZARIAN at	786 (4439007
	Name of Person	· -	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amo	ınt:	
	■ \$25 Filing Fee	□ \$ 55	Filing Fee & Certified Copy

INHS18 (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. Na	ame of the limited liability company: FIEA LLC					
2. (a)			(b)		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	175 SW 7TH ST STE 1718 MIAMI, FL 33130			175 SW 77	77TH ST STE 1718 MIAMI. FL 33130	
	12/23/2013		1		328	
3.	Date of filing/registration in Florida	4.	-		Document number	
5. (a)						
, (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: ANA GAZARIAN					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 800 BRICKELL AVE STE 1105			_		
	MIAMI	33131			-	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			FILED PH 4: 18		
	NEW Registered Office Address:				- P M	
	175 SW 7TH ST STE 1718					
	MIAMI, FI	33130	. <u></u>	. <u></u>		
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the registrability of the l	he ere cor	State of Flood office an upany, it is ted liability	- orida, it is hereby confirmed that after the d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Signa	nuic of a member of authorized representative of a member			<u>_</u>	Printed or typed name of signee	
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a charge in the registered office address. I danwriting of his change.	nerfor	777/1	nce of my	duties, and Lam familiar with and accen-	
Signate	re of Revistered Alven					