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(Requ	uestor's Name)							
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APR 2.2 2014 C. CARROTHERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Morgan Kennedy

Date: April 10, 2014

Order#: 083346/029

Re: FMAP REALTY COMPANY, 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:Morgan Kennedy c/o Corporation Service Company 2711 Centerville Road, Suite 400 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.

1.	Na	me of the limited liability company: FMAP REALTY	COMPA	NY, LLC				
2.	(a)	550 Mamaroneck Avenue	(b))			•	
	` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited (Note: MAY BE POST	-		
		Suite 404						
		Harrison NY 10526						
		01/16/2014		L1400000				
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	Blalock, Walter, PA			_			
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		2 N. Tamiami Trail			_			
		Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS	2				
		Suite 408			_			
		Sarasota , FL	34236	3	_			
	(b)	Corporation Service Company			_			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>dress</u> :	턴,	Λ.		
		400411			## F	<u> </u>		
		1201 Hays Street			_ <u>}_</u> (APF		
		NEW Registered Office Address:			() ()	APR 14	incom d	
					្តិការ ព្រះ		178	
					تا			
		Tallahassee , FL	32301		- 2	8: 4 2		
the ag wa	e cha ent v is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registability co of the lim	stered office ompany, it is sited liability	e and the business of s hereby confirmed the y company or as othe	nfirmed the fice of the hat the ch	e registered nange(s)	
			Don	ia Priebe Au	uthorized Person			
	Signat	rure of a nember or authorized representative of a member			Printed or typed name o	f signee		
pro the 10	ovisi 2 obl mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I have the properties of this change.	ee to act perform d for in C iereby co	in this cape ance of my c Chapter 605 onfirm that	acity. I further agree duties, and I am fami i, F.S. Or, if this doc the limited liability c	e to comp liar with ument is ompany	ply with the and accept being filed has been	
		re of Registered Agent Corporation Service Company	D)					
, Si	gnatu	re of Registered Agent Corporation Service Company	BY: G	race E. Kir	rby, Asst. Vice Pres	sident		

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