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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future.

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LLC REGISTERED AGENT CHANGE FEBL, LLC

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COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	FEBL, LLC	
	Name o	Limited Liability Company
Dear Sir o	r Madam;	
The enclos	sed Registered Agent/Registered Office	Change and fec(s) are submitted for filing.
Please retu	arn all correspondence concerning this m	atter to the following:
GUSTAVO	BLANCO	
	Name of Person	*
	Firm/Company	,
10773 NW	58TH STREET, SUITE 242	
	Address	
MIAMI, FI	L 33178	
	City/State and Zip Code	**************************************
GBLANCO	O@GBCOMPANIESLLC.COM	
E-ma	il address: (to be used for future annual	report notification)
For further	r information concerning this matter, ple	ase call:
		t ()
	Name of Person	Area Code & Daytime Telephone Number
ST	TREET/COURIER ADDRESS:	MAILING ADDRESS:
	egistration Section	Registration Section
	vision of Corporations	Division of Corporations
	ifton Building	P.O. Box 6327
	61 Executive Center Circle Ilahassee, Florida 32301	Tallahassee, Florida 32314
Er	sclosed is a check for the following am	ount:
33	\$25 Filing Fee	S55 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: FEBL, LLC								
2. (a)	10773 NW 58 ST, # 242		(b)	10773 NW	V 58TH STREET	#242			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of I				-
	MIAMI, FL 33178			MIAMI, F	L 33178				***
	02/14/2014	,,	Į	.140000260	028			<u>.</u>	
3.	Date of filing/registration in Florida	4.		** * • • · · · · · · · · · · · · · · · ·	Document num	ber			
5. (a)	BLANCO, GUSTAVO								
<i>5.</i> (a)	Registered Agent and Registered Office shown on the records of	the Flori	da	Dept. of State	e:				
	Registered Office Address (MUST BE FLORIDA STREET / 10773 NW 58TH STREET #242	10DRE	222		.				
	MIAMI , FL	33178			-				
(b)	NRAI Services, Inc.					<u></u>	. ·	16	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	dd	ress:	-			JAN 29	i more
	NEW Registered Office Address:				-	171		A	***
	1200 South Pine Island Road				_	, E.	 	9	
	Plantation . FL	33324				Ries		2	
the cha agent v was/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regability of the linited	gist cor mit His	ered office npany, it is ted liability ability corr	c and the busine s hereby confirm y company or as apany.	ss office ned that t	of t	he reg change	gistered e(s)
Signa	ture we resomber or authorized representative of a member	GL	JS 1	AVO BLA	Printed or typed n	ome of sim			
I heres provisi the obl to mere notified NRAI!	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. Services, Inc. The of Registered Agent	ee to ac perform I for in iereby c	et i nai Ci coi	n this cape nce of my c hapter 605 yfirm that	acity I further i	aree to	ഗ ാ	iply w h and s bein has l	ith the accept g filed been

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