114000027162

(Reque	stor's Name)	-
(Addres	ss)	·
(Addres	ss)	
(City/St	ate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300330602423

06/12/19--01805 -022 **25.80

S TALLENT JUL 03 2019



RIA JULI



June 25, 2019

DENNIS PORCILLI, JR. F & D INVESTMENT 5711 PALMETTO DR. FT. PIERCE, FL 34982

SUBJECT: F&D INVESTMENT GROUP LLC

Ref. Number: L14000027162

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

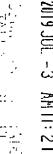
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 319A00012886



COVER LETTER

TO: Registration Section Division of Corporations	<i>.</i> *			
SUBJECT:	FBD Investment Group ame 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:				
Denvis Povalli Name of Person				
F3D Tryestment Firm/Company				
5711 Palmetto Dr. Address	······································			
Ft. Plevel, FL 34 City/State and Zip Code	982			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Dennis Porcelli, Jr. Name of Person	at 77z) 834 937z 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			

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. Name of t	the limited liability company: FRD INVESTME	JT 610JP LLC		
2. (a)5	74 PALMETTO DC. (b)	5711 PALMETTOD		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:		
		(Note: MAY BE POST OFFICE BOX)		
	FURT PIECLE FL 3499	FORT PIECLE FL 3492.		
		2000 2 0 1 5 0		
3.		14000027162		
	Date of filing/registration in Florida 4.	Document number		
	Denials H CONCUST 7	- Constant		
Kckistci	_			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
Negiste	red Office Address (MUST BE FLORIDA STREET ADDRESS)			
		20		
	FL J493			
(0)	(b) FALLOW (TICTOW) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
Timel Ha	and of NEW Registered Agent and/of NEW Registered Office address.			
5	711 Primetio, or	100 P		
NEW R	Registered Office Address:	ATE 57		
	FORT DUTCE FL 3498)			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after				
the change or o	changes are made, the Florida street address of the registered o dentical. Or, in the case of a Florida limited liability company,	ffice and the business office of the registered		
was/were authorized	orized by an affirmative vote of the members of the limited liab	bility company or as otherwise provided in		
the articles of (organization or the operating agreement of the limited liability			
Signature of a r	member or authorized representative of a member	Printed or typed name of signee		
I hereby accent the appointment as registered agent and garee to act in this capacity. I further garee to comply with the				
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed				
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.				
\(\)				
Signature of Regi	istered Agent			