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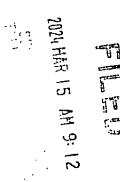
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COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT: FWM FLORIDA Name of Limited	PROPERTY LLC Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the	he following:		
Wendy L McDonald Name of Person			
FWM FLORIDA PROPERTY Firm/Company	<u>/</u> <u>/</u> /C		
7908 Garden Dr N Address			
ST Peters burg FL 3371 City/State and Zip Code	<u>D</u>		
Ford mcdonald@1791 - Co E-mail address: (to be used for future annual report no	otification)		
For further information concerning this matter, please call:			
Wendy McDonald at (94) Name of Person	9 <u>436</u> 058 Z Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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 amount:			
SS25 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.

		00-0-0-5	
	ime of the limited liability company: <u>FWM FLORIDA</u>	•	
2. (a)		8 Garden Dr M	
	Principal office address of limited liability company: M (Note: MUST BE STREET ADDRESS)	failing address of limited liability con (Note: MAY BE POST OFFICE B	
	27-11 T	Peters burg	
	<u>33711</u> <u>Fa</u>	2 33 110	-
	4/29/2014 L14	0000 756 23	
3.	Date of filing/registration in Florida 4.	Document number	
5. (a)	Joseph Valtz		
J. (4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	:	
	4905 34 th ST 5.		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	Suite 128		
	51 Petersburg FL 33711	2	
		2021 MAR	
(b)	Enter name of NEW Registered Adult and/4 NEW Registered Office address:	三	U U
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	5	1
	6974 22nd Ave North	- II	
	NEW Registered Office Address:	9. —	
		. , 2	
	ST Petersburg ,FL 33710		
If the li	imited liability company is not organized under the laws of the State of Floron or changes are made, the Florida street address of the registered office and	rida, it is hereby confirmed that the business office of the regis	t after the stered
	vill be identical. Or, in the case of a Florida limited liability company, it is are authorized by an affirmative vote of the members of the limited liability		
the arti	cles of organization or the operating agreement of the limited liability comp	pany.	,
	ture of a member or authorized representative of a member	ndy L mcDo. Printed or typed name of signee	nald
	9		
provisi the obl to mere	by accept the appointment as registered agent and agree to act in this capacions of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605, ely reflect a change in the registered office address. I hereby confirm that the line writing of this change.	uties, and I am familiar with an F.S. Or, if this document is be	nd accept ing filed

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