L14000147393

Florida Department of State
Division of Corporations
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LLC REGISTERED AGENT CHANGE
FIRST MMA LLC

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TALLAHASSEE, FLORIDA

MAY 10 2017
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 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 the limited liability company: First MMA LLC

2. (a) _____ (b) _____
Principal office address of limited liability company *Mailing address of limited liability company*
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

09/19/2014 3. Date of filing/registration in Florida

L1400014393 4. Document number

5. (a) WALKER, CHRISTOPHER A, ESQ
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

800 West Monroe Street
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Jackson , Fl. 32202

(b) Incorp Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

17888 67th Court North
NEW Registered Office Address:

Loxahatchee , Fl. 33470

17 MAY -9 AM 8:25

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 changes are made, the Florida street address of the registered office and the business office of the registered agent in Florida will be identical. The Florida limited liability company is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Erin Moorman
Signature of a member or authorized representative of a member

Erin Moorman
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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 box is checked, I am filing this 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.

on behalf of InCorp Services, Inc.
Signature of Registered Agent

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

(NHS18 (2/14)

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