L14000 1483 44

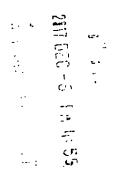
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500305427035

11/13/17--01015--026 **25.00



J. HARRIE



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2017

FAMVEST, LLC 5079 NAUTICA LAKE CIRCLE GREENACRES, FL 33463

SUBJECT: FAMVEST, LLC Ref. Number: L14000148344

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

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 217A00023070

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.

I. N	lame of the limited liability company: Famvest	LL	С		
2. (a)	5079 Nautica Lake Circle		(b) 5079 Nautica Lake Circle		
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Greenacres		Green	acres	
	FL 33463		FL 3346	33	
	9/25/15		L14000	148344	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	United States Corporation Agents, Inc				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
13302 Winding Oaks Court, Suite A				:	
	Tampa, FI	<u> 3</u> 36	12		
(b)	Registered Agents Inc.				
	Enter name of NEW Registered Agent and/or NEW Registered	l Office	address:	-	
	3030 N. Rocky Point Dr.			_ : មា : មា	
	NEW Registered Office Address:				
	STE 150A			_	
	Tampa	336	07	_	
the chagent was/w the arr	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members tiefly of organization or the operating agreement of the limited of a member of a member of a member as registered agent and agricultures of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address.	f the reliability of the elimite	egistered office company, it is limited liabilited diability con grian Thoma	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in mpany. Printed or typed name of signee	
поцце	Pd'in sériting of this change. Bill Havre - Assistar				

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

Signature of Registered Agent