L14000 170 029

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R. WHITE JUN 1 3 2019

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FRY60, LLC	
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Benjamin Gene	
Name of Person	
Keyes Property Management	
Firm/Company	
4301 N Federal Highway, Ste. 2	
Address	
Pompano Beach, FL 33064	
City/State and Zip Code	
Bgene@keyespm.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
Benjamin Gene	, 561-598-5760
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amor	int:
☑ \$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. Na	me of the limited liability company: FRY6	D, LLC	
2. (a)	990 Biscayne Blvd	(b)	
,	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS Office 701	ipany:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami, FL 33132		
	10/31/2014	L14000	170029
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the a	records of the Florida Dept. of St	
	Registered Office Address (MUST BE FLORIDA) Office 701	STREET ADDRESS)	2019 HAY
	Miami	FI_ 33132	28
(b)	Benjamin Gene		— မ် - မ်
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u> 4301 N Federal Highway	tegistered Office address	· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address: Suite 2		
	Pompano Beach	FL_33132	_
see cha agent was/we he arti- Signat I herel provision he obto o mere notified	mited liability company is not organized and nee or changes are made, the Florida street ad ill be identical. Or, in the case of a Plorida be re authorized by an affirmative total the fit cles of organization on the operating areemed ure of a member of authorized representative of a member of authorized the proper and actions of my position as registered agent as ly reflect a change in the registered office and ly reflect a change in the registered office and the registered of this change.	dress of the registered officinited liability company, it imbers of the limited liability company of the limited liability company it is and agree to act in this cap omplete performance of more yield for in Change of the	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. Printed or typed name of signer pacity. I further agree to comply with the educies, and I am familiar with and accept the signer of the document is held accept.
	Division of Corporations	• P.O. Box 6327• Tallaha JNG FEE: \$25.00	issee, FL 32314

INHS18 (2/14)