L14000170029

(Requestor's Name)				
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(Ĉity/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: FRY 60 LLC			
	Nar	ne of Limited L	iability Company	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning the	is matter to the	following:	
Olivie	er Sureau			
	Name of Person		_	
JADE FIDUCIAL INC				
	Firm/Company		_	
990 E	Biscayne Blvd Office 701			
	Address		-	
MIAN	/II, FL 33132			
-	City/State and Zip Code		_	
OSU	REAU@JADE-FIDUCIAL.COM			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
OLIV	IER SUREAU	305 at (579-0220	
	Name of Person	\	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
			gistration Section	
Clifton Building P.O. B		vision of Corporations		
			P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			llahassee, Florida 32314	
Enclosed is a check for the following amount:				
	■ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy	
INHSI	8 (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. 2. Name of the limited liability company: FRY60 LLC 4301 N Federal Highway Ste. 2

Principal office address of limited liability company. West: MUST BE STREET ADDRESS Mailing address of limited liability company: Pompano Beach, FL 33064 (Note: MAY BE POST OFFICE BOX) 10/31/2014 3. L14000170029 Date of filing/registration in Florida Document number Benjamin Gene Registered Agent and Registered Office shows on the seconds of the Florida Dept. of State Keyes Property Management Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 4301 N Federal Highway Ste 2 Pompano Beach 33064 P TUDE Enter name of NEW Registered Agend and/or NEW Registered Office address: 990 BISCAYNE BLVD NEW Registered Office Address: OFFICE 701 MIAMI FL 33132

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 will be identical. Or, in the case of a Florida limited liability company, it is hereby confurmed that the change(s) was were authorized by an affirmative vote of the prembers of the limited liability company or as otherwise provided in the articles of organization or the operation extended to the limited liability company.

Signature of a exemper to antiorized

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 document is being filed to merety reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Suprement of Registered Agent

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

INHS18 (2/14)