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COVERTETER

Nat (3.1 Nat vo)	
TO: Registration Section Division of Corporations	
FS 12, LLC SUBJECT:	
Name of Limited Liability Co	empany
Dear Sir or Madam:	•
	
The enclosed Registered Agent/Registered Office Change and fee(s) are	submitted for filling.
Please return all correspondence concerning this matter 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 report notification)	
For further information concerning this matter, please call:	
Benjamin Gene 561-5	98-5760
	le & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING A	DDRESS:
Registration Section Registration S	ection
Division of Corporations Division of Co	orporations
Clifton Building P.O. Box 6323	
2661 Executive Center Circle Tallahassee, F Tallahassee, Florida 32301	lorida 32314
Enclosed is a check for the following amount:	
☑ \$25 Filing Fee ☐ \$55 Filing Fe	e & 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.

I. N	ame of the limited liability company: FS 12, LLC		
2. (a)	990 Biscayne Blvd	(b)	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Office 701	. (0)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
		-	
	Miami, FL 33132	<u> </u>	
	04/27/2016	L160	00083031
3	Date of filing/registration in Florida	4.	Document number
5. (a)	Fiducial Jade INC		
. (,	Registered Agent and Registered Office shown on the records o 990 Biscayne Blvd	f the Florida Dept o	f State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	٠
	Office 701		·
	Miami	_L 33132	
	Enter name of NEW Registered Agent and/or NEW Registere 4301 N Federal Highway NEW Registered Office Address: Suite 2	a Ornce address	
		L33132	
the cha agent v was/we the arti	imited liability company is not organized under the la inge or changes are made, the Flyfida street address of will be identical. Or, in the case of a Florida limited le the authorized by an affirmative vote of the members icles of organization of the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and age into a fall statutor relative to the proper and complete	If the registered of iability company of the limited lia of limited liability	office and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company. The least the business office of the registered in the change of the company.
to mere notified	ely reflect a change in the registered office address, I d'in writing of this change.	e performance of ed for in Chapter hereby confirm	my duties, and I am Jamiliar with and accept 60\$, F \$. Or, if this document is being filed that the limited liability company has been
Signéta	fe of Registered Agent		
	Dirision of Corporations P.O.	Box 6327 Tall	ahassee, FL 32314

FILING FEE: \$25.00

18HS18 (2/14)