## LICOCOILO 168

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

Office Use Only



400293494004

12/22/16--01011--013 \*\*25.00

RH



N. CAUSSEAUX DEC 2 3 2016

## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: FMG Finance Management C	Group LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
Ludovica Gardani					
Name of Person	<del> </del>				
FMG Finance Management Group LLC					
Firm/Company	······································				
1050 Brickell Avenue, apt. 2420					
Address					
Miami, FL 33131					
City/State and Zip Code					
luvigardani@gmail.com					
E-mail address: (to be used for future annua	al report notification)				
For further information concerning this matter, p	blease call:				
Ludovica Gardani	786 3290134				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
☑ \$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. N	Name of the limited liability company: FMG Finan	nce Man	ag	ement Group LLC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b)		s of limited liability company: (BE POST OFFICE BOX)
	5775 Collins Avenue apt. 701			5775 Collins Aven	
	Miami Beach, FL 33140			Miami Beach, FL 3	<del></del>
	August 26, 2016		i	_16000160168	
3.	Date of filing/registration in Florida	4.	_	Document r	number
5. (a	)				
J. (a	Registered Agent and Registered Office shown on the records	of the Flor	ida !	Dept. of State:	
	Ludovica Gardani				
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRE	SS	W-W	
	5775 Collins Avenue, apt. 701				
	Miami Beach ,	FL_3314	0		90 DEC
					DEC 22 PA
(b)	Enter name of NEW Registered Agent and/or NEW Register			<del> </del>	
	Enter name of NEW Registered Agent and/or NEW Register	red Office :	<u>addı</u>	ress:	
	NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·	Red 3
	1050 Brickell Avenue, apt. 2420				<b>D</b> -
				<u></u>	
	Miami,	<sub>FL</sub> 3313	1		
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street in the case of the member ticles of organization or the operating agreement of the street in the case of the street in the str	of the reg l liability is of the li	gist con imit	ered office and the bus npany, it is hereby con- ted liability company o	iness office of the registered firmed that the change(s) r as otherwise provided in
	Lawre la de			ovica Gardani	
Sign	ature of a member or authorized representative of a member			Printed or type	ed name of signee
provis the ob to mei	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple oligations of my position as registered agent as provi- rely reflect a change in the registered office address, ed in writing of this change.	agree to a ele perfor ded for in I hereby	ict i mai i Cl coi	in this capacity. I furth nce of my duties, and I hapter 605, F.S. Or, if nfirm that the limited li	ner agree to comply with the am familiar with and accept this document is being filed ability company has been
Signat	ure of Registered Ageny				
	Division of Corporations● P.O	. Box 63	27∙	Tallahassee, FL 323	14

**FILING FEE: \$25.00**