

NOV/10/2016/THU 06:25 PM
11/8/2016

Farr Law Firm

FAX No. 941-639-0028

0017002

Division of Corporations

Florida Department of State
Division of Corporations
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Phone : (941)639-1158
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Email Address: dholmes@farr.com

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FMT LABS LLC

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NOV 14 2016

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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. Name of the limited liability company: FMT LABS, LLC

2. (a)

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

3501 DEL PRADO BLVD S, STE 302

CAPE CORAL, FL 339094

(b)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3501 DEP PRADO B LVD S, STE 302

CAPE CORAL, FL 33904

10/24/2016

L16000195927

3.

Date of filing/registration in Florida

4.

Document number

5. (a)

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

THOMAS HAPPE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3501 DEL PRADO BLVD S, STE 302

CAPE CORAL, FL 33904

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

DAVID A. HOLMES

NEW Registered Office Address:

99 NESBIT STREET

PUNTA GORDA, FL 33950

FILED
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TALLAHASSEE, FLORIDA

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 confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

DAVID A. HOLMES

Signature of a member or authorized representative of a member

Printed or typed name of signer

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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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