L16000 227499

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COVER LETTER

TO:	Registration Section Division of Corporations						
SHRI	FUTURE NORTH AMERICA	NVEST	MENT GROUP, LLC				
аов		e of Limite	d Liability Company	*			
Dear	Sir or Madam:						
The e	nclosed Registered Agent/Registered Offi	ice Change	and fee(s) are submitted for filing.	٠.			
Please	e return all correspondence concerning the	is matter to	the following:				
Glau	ice Brasil						
	Name of Person						
PGL	3 Services LLC						
	Firm/Company						
1580	00 Pines Blvd, Ste 316						
	Address						
Pem	broke Pines, FL 33027						
	City/State and Zip Code						
cont	act@pgl3services.com						
	E-mail address: (to be used for future ann	nual report n	notification)				
For fo	urther information concerning this matter,	please call	:				
Glau	ice Brasil	954 at (562-9010				
	Name of Person	a. (Area Code & Daytime Telepho	ne 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	C	S55 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.

l.	Na	me of the limited liability company: FUTURE NOR	TH AN	MERICA II	NVESTMENT GROUP, LLC	
2	(a)	8739 Brixford St.	(b) 8739 Brixford St.			
_,	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	, 	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Orlando, FL 32836	.	Orlando,	FL 32836	
			_			
		12/16/2016		L1600022	27499	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	PROFESSIONAL CORPORATE SERVICES,	LLC			
	()	Registered Agent and Registered Office shown on the records of the 1000 BRICKEL AVENUE	e Florida	Dept. of State	- ::	
		Registered Office Address (MUST BE FLORIDA STREET AL SUITE 201	DDRESS	2	· _	
		MIAMI , FL	33131			
. ((b)	PGL3 SERVICES LLC			100 mg	
-		Enter name of NEW Registered Agent and/or NEW Registered Office address:			* 2:	
		15800 PINES BLVD				
		NEW Registered Office Address:				
		STE 316			-	
		PEMBROKE PINES , FL	33027	•	_	
th ag w:	e cha jent v as/wa	imited liability company is not organized under the lawsing or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabere authorized.	he reginated in the limited in the l	stered office ompany, it is nited liability liability con	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in	
$\overline{\zeta}$	Signa	dure of a member or authorized representative of a member			Printed or typed name of signee	
pr th to no	ovisi e obl mcr stifie ()	hy accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had a in writing of this change.	e to ac perform for in (ereby c	t in this cap, ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is heing filed the limited liability company has been	