Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations	ھـ
	Fax Number : (850)617-6383	곡
From:		<u>ب</u>
	Account Name : M. BURR KEIM COMPANY	
	Account Number : I19990000242	23
	Phone : (215)563-8113	
	Fax Number : (215)977-9386	
	the email address for this business entity to be used for future	

LLC REGISTERED AGENT CHANGE **FV PONTOS LLC**

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A. LUNT

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To:

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	ame of the limited liability company: FV PONTO	OS LL	.C			
2 (2)	985 Ocean Drive	r)	(b) 985 Ocean Drive			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
	Cape May, NJ 08204		Cape N	May, NJ 08204		
	12/31/2016		L16000	0233784		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	W. Bradley Munroe, Esq.					
J. (8	Registered Agent and Registered Office shown on the records of	- =:				
	239 E. Virginia Street			-		
	Registered Office Address (MUST BE FLORIDA STREET					
		2020		-		
	Tallahassee , FL 32301			-	53	
(b)	Registered Agents Inc.			_	ار ال	ISION ISION
(-)	Enter name of NEW Registered Agent and/or NEW Registered		1-9	왕주구		
	7901 4th St N		9 AM	COS!		
	NEW Registered Office Address:				و.	F ST
	STE 300			_	: 23	<u> </u>
					သ	SNO
	St. Petersburg, FI	3370	12	-		U,
the chagent	limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization of the operating agreement of the	i the reg lability (of the lii	ompany, it i nited liabilit	s hereby confirmed that the company or as otherwis	ie chan	ge(s)
	Jana to	Ba	rry Coher			
	nature of a member or authorized representative of a member			Printed or typed name of sign		
provi the of to me notify	reby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide the reflect a change in the registered office address, f ed in writing of this change. Bill Havre - Assistant ture of Registered Agent	e perjoir ed for in hereby	confirm that	pacity. I further agree to conduction and I am familian 5, F.S. Or, if this document the limited liability composite limited liability liabi	omply with an it is bei any has	with the ad accept ing filed : been
Signu	tale of well-well-well-					