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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
ANALYSISE FLORING

IN HARRIE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FNBC Florida, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Donna Gresto Name of Person		
FNBC Florida LLC Firm/Company		
1200 NW 17th Aue Suit #1 & NEWX		
De Iray Beach, FL 33445 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Donna Greslo at (561) 265-1400 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 & 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	ame of the limited liability company: FNBC Florida LLC
2. (a)	Principal office address of limited liability company: Mailing address of limited liability company: (Natural MAN RE POST OFFICE BOX)
	(Note: MOST BE STREET ADDRESS)
	1405 N. Congress Ave. #11 Delvay Beach, FL 33445 Delvay Beach, FL 33445
•	1-30-17 <u>L17000022720</u>
3.5. (a)	Date of filing/registration in Florida 4. Document number Donna Gresto Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	1700 1405 N Congress the Suite 11
	Dolony Beach of 23445
(b)	Donna Gresto SAME
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
#	NEW Registered Office Address: 1200 NW 17th Are Scile#1
	Delvay Beach, FL 33445
the cha agent was/w	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
Signa	ature of a member or authorized representative of a member Printed or typed name of signee
_	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been address of this change.
Signate	ure of Rogistered Agent