L176000 21555

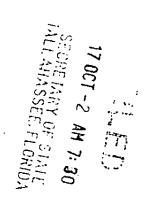
(Requestor's Name)		
•		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone	#)	
	_	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Business Entity Nam	ie,	
(Document Number)		
Certified Copies Certificates	of Status	
· 		
Special Instructions to Filing Officer:		
	İ	

Office Use Only



400304020574

10/02/17--01043--014 **25.00



0CT 03 2017 J SHEVERS

COVER LETTER

Division of Corporations				
Address & Registered Agent	Address & Registered Agent Updates			
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning thi	is matter to the following:			
lunat Laan				
Junet Leon				
Name of Person				
FIDSI LLC				
Firm/Company				
9901 Baywinds Drive Apt 3104				
Address				
West Palm Beach, FL 33411				
City/State and Zip Code				
john.chaves40@gmail.com				
E-mail address: (to be used for future ann	iual report notification)			
For further information concerning this matter,	please call:			
Joshua Boyarsky	516 830-7751			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following	; amount:			
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

Registration Section

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.

I. Na	me of the limited liability company: FIDSI LLC		
	Anonymous Undies	(b) An	onymous Undies
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7750 Okeechobee Blvd. Suite #4-617	775	50 Okeechobee Blvd Suite #4-617
	West Palm Beach, FL 33411	We	est Palm Beach, FL 33411
	02/02/2017	L170	000026885
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Junet Leon		
J. (a)	Registered Agent and Registered Office shown on the records of 9901 Baywinds Drive	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET) Apt 3104	ADDRESS)	
	West Palm Beach ,FL	33411	****
(b)	Anonymous Undies		7 SE 7
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7750 Okeechobee Blvd.	l Office <u>address</u> :	CARLASS
	NEW Registered Office Address:		The Fig. 7 Control of the Control of
	Suite #4-617		— SS 7
	West Palm Beach F1	33411	ORIDA
the cha agent v was/wa	imited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered iability compa of the limited c limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide by reflect a change in the registered office address, I d in writing of this change.	ree to act in the performance of for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accep ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
Signatu	ire of Registered Agent		
	Division of Corporations P.O. FILING F	Box 6327• Ta FEE: \$25.00	allahassee, FL 32314

INHS18 (2/14)