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JAN 31 2020

S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations					
FMB PROPERTY INVESTMENTS LLC						
SUBJI	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Register	ed Office Char	ige and	fee(s) are submitted for filing.		
Please	return all correspondence concern	ning this matter	to the f	îollowing:		
	STEVEN A. RAMU	JNNI				
	Name of Persor	1		_		
	STEVEN A. RAMUNN	П, Р.А.				
	Firm/Company					
	110 N. MAIN STREE	T				
	Address					
	LABELLE, FL 339:	35				
	City/State and Zip	Code	•	_		
	steve@sramunnipa.	com				
	-mail address: (to be used for fut	ure annual repo	rt notifi	cation)		
For fu	ther information concerning this	matter, please o	all:			
	STEVEN A. RAMUNNI	at (863	230-2268		
	Name of Person	a.(Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount:						
	■ \$25 Filing Fee		□ \$9	55 Filing Fee & Certified Copy		
INHS1	8 (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	lame of the limited liability company:	PROPERTY INVES	STMENTS LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	19921 SAN CARLOS BLVD.		
	FORT MYERS BEACH, FL 33931		
	4/10/2017		L17000076569
3.	Date of filing/registration in Florida	4.	Document number
5. (a	SCOTT G. MCGUIRE		
J. (u	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of Sta	78 Z
	Registered Office Address (MUST BE FLORIDA STREET	(DDRESS)	LI STORY
	6860 CIRCLE DR.		WSS OF COLUMN TO THE COLUMN TO
	FY. Myers, FL	33905	T OF STREET
(b	STEVEN A. RAMUNNI		1 7: 2.
	NEW Registered Office Address:		_
	La Belle ,FL	33935	
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered office as sbility company, it if the limited liabili limited liability con	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the oi to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I held in writing of this change. Ture of Registered Agent	ee to act in this cap performance of my I for in Chapter 60 tereby confirm that	pacity. I further agree to comply with the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signa		5 / 44# 10 H s	17 20214
	Division of Corporations P.O. I	sox 6327● Tallaha	issee, FL 32314

FILING FEE: \$25.00