6/18/2020

Division of Corporations

Florida Department of State Division of Corporations Electronic Films Cover Shool

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Account Name : C T CORPORATION SYSTEM

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LLC REGISTERED AGENT CHANGE FEC REAL ESTATE SERVICES LLC

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JUN 22 2020

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Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT QR 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. Na	me of the limited liability company:	FEC REAL ESTATE SERVICES LLC				
	7150 PHILIPS HWY		(b) 7150 PHILIPS HWY			
2. (a)	Principal office address of limited by (Note: MUST RE STREET			Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)		
	JACKSONVILLE, FL - 32256-6802		_	JACKSON VILLE, FL - 32256-6802		
	09/04/2013			L1700024	5870	
3.	Date of filing/registration	in Florida	4.		Document number	
5. (a)	Robert Ledoux				_	
J. (a)	Registered Agent and Registered Office sh 7411 FULLERTON ST #300	own on the records o	f the Flo	orida Dept. of St	nte: 	
	Registered Office Address (MUST BE					2020 JUN
	JACKSONVILLE	, F	L	56	· 	<u>. 1</u>
	C T Corporation System					19
(b)		dor NEW Registers	ed Offic	re address:		<u> </u>
	Enter name of NEW Registered Agent at	MOI MAN KAZININI				ب ب
					. –	. 29
	NEW Registered Office Address:					Ψ
	1200 South Pine Island Road					
	Plantation	, 1	FL	24		
sign I her provi the or to me notifit By:	limited liability company is not organized or changes are made, the Florical will be identical. Or, in the case of vere authorized by an affirmative volticles of organization or the operation of the operation of the operation of a member of authorized representative by accept the appointment as registered in writing of this change. C. T. Corporation System Ture of Registered Agent.	a Florida limited to of the members agreement of the members of a member tered agent and a roper and completed agent as provided office address,	liabili s of the he limi ugree t lie per ded for I here	ty company, is a limited liability of act in this compance of in the confirm the liability confirm the liabili	it is hereby confirmed that it is hereby confirmed that it is hereby company or as other company. Or the Confirmed of the confirmed that is th	at the change(s) wise provided in OLEX signee Robert Ledoux
оівпя	Killiotry D	Sowens, Asst. S		-	hassan FL 32314	
	Division of Co	rporations • P.C	7. DOX	#36 00 #36 00	hassee, FL 32314	

FILING FEE: \$25.00