419000301363

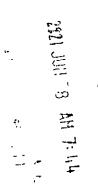
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600367427366

06/08/21--01027--011 **25.00



O SIMMONS JUL 13 2021



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 4, 2021

Order#: 838990/190

Re: FMD ASSOCIATES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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. Na	ame of the limited liability company:FMD ASSOCIA			
2. (a)	2437 SE 17th Street, Suite 202	(ł	o)	
`,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ocala, FL 34471			
	12/11/2019		L1900030	1863
3. 5. (a)	Date of filing/registration in Florida Frank M. Dejiulio	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 2437 SE 17th Street, Suite 202			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	3)	- 100 JUN C
	Ocala , FI	34471		- 3 AH
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office ad	dress:	- + + + · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:			_
	1201 Hays Street			_
	Tallahassee, FI	32301		_
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability co of the lim	ed office ar mpany, it i ited liabili	nd the business office of the registered s hereby confirmed that the change(s) to company or as otherwise provided in
	l Cilmi	Jill (Cilmi, Auth	orized Person
I horol	the of a member or authorized representative of a member by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I it in writing of this change.	performa d for in C hereby co orporatio	ince of my hapter 60: infirm that on Service	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been Company St. Vice President
Signatur	e of Registered Agent	_		