## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

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## LLC REGISTERED AGENT CHANGE FMB REAL ESTATE GROUP LLC

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AUG 1 0 2022

K. Brumbles

## 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	nme of the limited liability company: fmb r	eal estat	e grou	p llc		
2. (a)		(b	·)			
-· \.,	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)			Mailing address of limit (Note: MAY BE POS	•	
	11/12/2020			0260242		
<b>.</b>	11/13/2020			0360242  Document number		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)			D S	-		
	Registered Agent and Registered Office shown on the rec		Dept. of State	::		
	3440 W HOLLYWOOD BLVD. SI			-		
	Registered Office Address (MUST BE FLORIDA ST	KEET ADDRESS	1			
	HOLLYWOOD	, FL 33021	L	-		
(b)	Registered Agents Inc.				SEC FALL	2022 2022
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-		<u> </u>
	7901 4th St N					AND FILEI
	NEW Registered Office Address:			-	E SEE	
	STE 300			_		<u>-</u>
	St. Petersburg	. FL 33702	2		द्राण ∰	•
the cha agent was/w	imited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida lin ere authorized by an affirmative vote of the mer icles of organization or the operating agreement	the laws of the dress of the regi nited liability combers of the lim t of the limited	State of Flostered office ompany, it is nited liability	e and the business of s hereby confirmed y company or as ot	office of the that the ch	e registerec ange(s)
Signa	Rilling Tark sture of a member or authorized representative of a membe		Cy I alk	Printed or typed name	e of signee	*****
I here provis the ob- to mer	by accept the appointment as registered agent of ions of all statutes relative to the proper and colligations of my position as registered agent as pely reflect a change in the registered office add of in writing of this change.	and noree to ac	ance of my of Chapter 605 onfirm that	acity I further agr	ee to comu	ly with the and accep being filea has been

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Signature of Registered Agent