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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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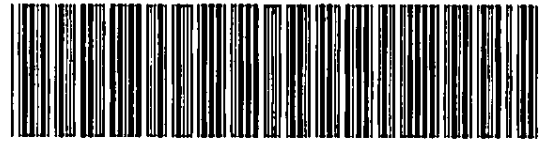
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FMD Supplies & Equipment, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dorian E. Rogers

Name of Person

FMD Supplies & Equipment, LLC

Firm/Company

11250 SW 44th. Street

Address

Miramar, FL 33025

City/State and Zip Code

fmdsellc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dorian E. Rogers at (754) 777-2847

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**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.

FMD Supplies @ Equipment, LLC

1. Name of the limited liability company: _____

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**)

11250 SW 44th Street

Apt. 1208

Miramar FL, 33025

3. _____ 4. _____

Date of filing/registration in Florida

Document number

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

United States CORPORATION AGENTS, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5575 S. SEMORAN BLVD., SUITE 36V

ORLANDO, FL 32822

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Dorian E. Rogers

NEW Registered Office Address:

11250 SW 44th Street, Apt. 1208

Miramar, FL 33025

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

DORIAN E. ROGERS

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Organization of FMD SUPPLIES AND EQUIPMENT LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on March 28, 2022, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L22000147902.

Authentication Code: 220409093523-800384524648#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Ninth day of April, 2022



A handwritten signature in black ink, appearing to read "Laurel M. Lee".

Laurel M. Lee
Secretary of State

State of Florida Department of State

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Laurel M. Lee
Laurel M. Lee
Secretary of State