200	I ONII ONII DOS	MESS REPU	mi je	, on,					
DOCUMENT # L99000002858 1. Entity Name FV ONE, LLC					FILED OI MAY -7 PM 3: 09				
			Address NTERPRISE PARKWAY, SUITE 412 NOOD OH 44122		SECRETARY OF STATE TALLAHASSEE. FLORIDA				
					1				
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & Star	de .	City & State		4. FEI N	tumber 31-1690295	•	<u> </u>	plied For t Applicable	
Zip	Country Zip Cou		Country	-	5. Certificate of Status Desired				
	6. Name and Address of Curren	t Registered Agent			7. Name	and Address of New Reg	istered Age	nt	
			N	ame					
DENOMME, THOMAS K 1270 WAGGLE WAY NAPLES FL 34108				Street Address (P.O. Box Number is Not Acceptable)					
				,					
			C	City FL Zip Code					
The above named entity submits this statement for the purpose of changing its registered office or registere						or both in the State of Florid			
e. The above	Thermore entity substition this statement is	or the purpose of changing its	registered of	ilice or registere	agent, t	or both, in the state of Florid	d .		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed harne of registered agen	rano tite ii applicable. (NOTE	:: Hegistered Age	nt signature required	when reinstatii	ng)	DATE		
		FILE NO	OW!!! FEE	E IS \$50.00					
		Make Check Pa	yable to De	epartment of	f State				
9.	MANAGING MEME	BERS/MEMBERS	10.		-	ADDITIONS/CH	HANGES		
TITLE	MGRM Delete							Change	☐ Addition
NAME WYSS, MICHAEL A STREET ADDRESS 3401 ENTERPRISE PARKWAY, SUITE 4		SHITE A12	NAME		7000043763070 -06/07/0101115015				
STREET ADDRESS CITY-ST-ZIP	BEACHWOOD OH 44122	OIL TIE	STREET AD	I	-06/07/0101115015 *****50.00 *****50.00				
TITLE	· · · ·	E] Delete	TITLE			**************************************		कानःकानः Change	Addition
NAME			NAME				_	one.go	
STREET ADDRESS CITY-ST-ZIP			STREET AD	l					
TITLE			CITY-ST-Z	.ir				Change	- Addition
NAME	•	D616/6	NAME					Change	Addition
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TITLE		Delete	CITY-ST-Z	ir				Ohaa-a	
NAME		L'1 Delete	NAME				LJ	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	, V 4		STREET ADO						
TITLE		□ Delete	CITY-ST-Z	IP	-			Ob	
NAME	•	L.J. Delete	NAME				Ш	Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADE	I					ĺ
TITLE	<u> </u>	Delete	CITY-ST-ZI	IP				05	- Adams
NAME		C.J. Delete	NAME				Ц	Change	☐ Addition
STREET ADDRESS			STREET ADD						1
CITY-SI-ZIP	ortify that the information annualization	thin filing does not a sufficient	CITY-ST-ZI			T(0)(0) E) 11 E			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver a trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE:									