## \*1/050000508/

(Re	equestor's Name)	
(Āc	ldress)	
(Ac	ddress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

K.SALY EXAMINER JUL 3 0 2013



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: July 25, 2013

Order#: 728379-008

Re: FISCHBEIN LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company: FISCHBEIN LL	.c	<u></u>
2. (a) Principal office address of limited liability compar ( <i>Note: MUST BE STREET ADDRESS</i> )	ny: 151 Walker Road Statesville, NC 28625	13 J
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	151 Walker Road Statesville, NC 28625	28 89 50
09/14/2005	M05000005081	BIT.
3. Date of filing/registration in Florida	4. Document number	<del></del>
5. (a) Registered Agent and Registered Office shown or	1 the records of the Florida	Dept. of State:
Registered Agent:	C T Corporation System	
Registered Office Address:	1200 South Pine Island R Plantation, FL 33324	oad
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office add	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
(MUST BE FEORIDA STREET ADDRESS)	Tallahassee	,FL <u>32301</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise operating agreement of the limited liability company.  Signature was member or authorized representative of a member	Florida street address of the ntical. Or, in the case of a s) was/were authorized by vise provided in the articles	e registered office Florida limited an affirmative vote of
Dona Priebe, Authorized Person Printed or typed name of signee	<del></del>	
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to n address, I hereby confirm that the limited liability compa	agree to act in this capaci proper and complete perfor position as registered agen perely reflect a change in th my has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.
By: Mona Yokinhi		<i>.</i>

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Corporation Service Company Grace E. Kirby, Asst. Vice President

Signature of Registered Agent