## M070000346

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ZOZA NOVIS PHIRZOS

## 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:FAIRFIELD FM	IC, LLC				
			)			
<b>2</b> . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)			
	7750 Wisconsin Avenue		7750 Wis	sconsin Avenue	onsin Avenue	
	Bethesda, MD 20814		Bethesda, MD 20814			
	01/19/2007		M0700000	00346		
3.	Date of filing/registration in Florida	4.		Document nun	nber	
5. (a)						
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of Stat	<del>_</del> te:		
	CT CORPORATION SYSTEM		·			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS		_		
	1200 S PINE ISLAND RD		4			
	PLANITATION .	33324	· · · · · · · · · · · · · · · · · · ·	_	F 2024 NOV SECRETA	
	FLANTATION, FI	L		_	<b>高 8</b>	
(b)					V 15	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_		
	Corporation Service Company			DF STA		
	NEW Registered Office Address:			<del></del>	₫ <b>₩ 19</b>	
	1201 Hays Street			_		
	Tallahassee . Fi	32301				
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members deles of organization or the operating agreement of the	ws of the registere lability co of the lim	ed office an mpany, it i ited liabilit	nd the business of s hereby confirmaty ty company or a	office of the registered ned that the change(s)	
	/s/ Andrew P.C. Wright	And	rew P.C. W	Vright, Authorize	<del>.</del>	
	ture of a member or authorized representative of a member			Printed or typed		
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act performed for in C hereby co	in this cap ince of my hapter 602 infirm that	acity. I further duties, and I am 5, F.S. Or, if thi the limited liabi	agree to comply with the I familiar with and accept is document is being filed ility company has been	
<u></u> X	Inace Cokubly GRACE E. KIRB	Y, ASST.	VICE PRI	ESIDENT		
- Signatu	re of Registered Agent					

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

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