M1200000 4048

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, , ,				
(Document Number)				
Certified Copies Certificates of Status				
· - · · ·				
Special Instructions to Filing Officer:				





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CSC - WILMINGTON | 251 Little Falls Drive | Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 23, 2017

Order#: 872417-008

Re: FREO FLORIDA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 _.

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: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive 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 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.

l. Na	me of the limited liability company: FREO FLOF	RIDA, LLC	·
2. (a)	7500 Dobson Road Suite 300	(b) PO Box 4090	
. (a) ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		
	Scottsdale AZ 85256	Scottsdale, AZ 85261	
	07/18/2012	M12000004048	<u> </u>
3.	Date of filing/registration in Florida	4. Document number	1
5. (a)	C T Corporation System		
- ()	Registered Agent and Registered Office shown on the records	s of the Florida Dept. of State:	ļ
	1200 South Pine Island Road		
	Registered Office Address (MUST RE FLORIDA STRE	ET ADDRESS)	
	-	FL 33324	
			3 7
	Plantation	. FL33324	72 =
			ហា រ យ៉ារីរ
(b)	Corporation Service Company		P. CIII
	Enter name of NEW Registered Agent and/or NEW Register	ered Office address	ا بن
		ar.	23
	1201 Hays Street	<u></u>	
	NEW Registered Office Address:		
	Tallahanan		
	Tallahassee	FL 32301	
he cha igent v was/y w	nge or changes are made, the Florida street address till be identical. Or, in the case of a Florida limited	c laws of the State of Florida, it is hereby confirmed is of the registered office and the business office of the liability company, it is hereby confirmed that the ears of the limited liability company or as otherwise put the limited liability company.	the registered change(s)
/	Xel E. Wome	Jill Cilmi, Authorized Person	
Signal	ure of a member or authorized representative of a member	Printed or typed name of signee	Ţ
he obl o mere otifica	ons of all statutes relative to the proper and compl	agree to act in this capacity. I further agree to complete performance of my duties, and I am familiar with eided for in Chapter 605, F.S. Or, if this document is, I hereby confirm that the limited liability company BY: Ami M. Casper, Asst. Vice President	th and accen
-	·		
		O. Box 6327• Tallahassee, FL 32314 G FEE: \$25.00	