M13000003410

| (Re | questor's Name) | | | |
|---|------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Na | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



300308276923

02/12/18--01035--008 **25.00



J. HARRIS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscqlobal.com

Date: February 9, 2018

Order#: 058469-005

Re: FEC HOLDINGS, 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: Anthony Arthur 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.

| 2. (a | 1003 W. Indiantown Rd. Ste 210 Principal office address of limited liability compa | (b) | 1003 M. Indiantown Pd. Sto 210 | |
|---|--|--|--|--|
| | Principal office address of limited lightlity compa | | (b) 1003 W. Indiantown Rd. Ste 210 | |
| | (<u>Note: MUST BE STREET ADDRESS</u>) | ny: | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | Jupiter, FL 33458 | | Jupiter, FL 33458 | |
| | 05/22/2013 | | M13000003410 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a | CT CORPORATION SYSTEM | | | |
| • | Registered Agent and Registered Office shown on the reco | ords of the Florida D | ept. of State: | |
| | Registered Office Address (MUST BE FLORIDA ST | REET ADDRESS) | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | |
| | PLANTATION | , FL <u>33324</u> | 77 AF COS | |
| (b | Corporation Service Company | | To the same of the | |
| | Enter name of NEW Registered Agent and/or NEW Reg | istered Office addre | <u>ess</u> : | |
| | | | € <u>3</u> | |
| | 1201 Hays Street NEW Registered Office Address: | | —————————————————————————————————————— | |
| | | | ··· | |
| | Tallahassee | _, FL <u>32301</u> | | |
| the ch agent was/v | will be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the mem ticles of organization or the operating agreement | ress of the registe ited liability completes of the limite of the limited liab | red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company. | |
| Sign | /S/ Jill Cilmi ature of a member or authorized representative of a member | Jill Cilr | mi, Authorized Person Printed or typed name of signee | |
| I her provi the oi to me notifi | • | | n this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been ce E. Kirby, Assistant Vice President | |

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