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Certified Copies	Certificates of	Status
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

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03/28/23

NAME: FEM OCALA LLC

TYPE OF FILING: CHANGE OF RA

COST:

25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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.

(a)	2 CHANGEBRIDGE RD		(b)	2 CHANG	DEBRIDGE RD
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(. ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 201			STE 201	
	MONTVILLE, NJ 07045	_		MONTVI	LLE. NJ 07045
	11/18/2013		2	M1300000	7293
	Date of filing/registration in Florida BUSINESS FILINGS INCORPORATED	 4.			Document number
. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida	Dept. of Sta	_ te:
	Registered Office Address (MUST BE FLORIDA STREET) 1200 SOUTH PINE ISLAND ROAD	<u>ADDRE</u>	:SS)		2023 HAR
	PLANTATION, FI	33324	1		– දුර
(b)	CCS GLOBAL SOLUTIONS, INC. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	ado	lress:	PH 2: 0:
	NEW Registered Office Address:				_
	155 OFFICE PLAZA DRIVE	_			_
	TALLAHASSEE, F	L32301			_
hange gent v vas/wa	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members teles of organization or the operating agreement of the	e regist lability of the l limite	ere co: lim d li	a office armpany, it ited liabili ability cor	is hereby confirmed that the change(s) ty company or as otherwise provided in
/s/ C	Cary Feliciano ture of a member or authorized representative of a member		ary.	Feliciano	Printed or typed name of signee
l here	by accept the appointment as registered agent and ageons of all statutes relative to the proper and complete ligations of my position as registered agent as provide by reflect a change in the registered office address, I din writing of this change.				

Signature of Registered Agent