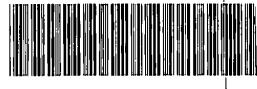
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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing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

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJI	Future Shape LLC	Future Shape LLC							
Name of Limited Liability Company									
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.						
Please	return all correspondence concerning th	is matter to the	e following:						
Antho	ony Fadeli								
	Name of Person								
Futur	e Shape LLC								
	Firm/Company								
2525	Ponce De Leon Blvd, Ste. 300								
	Address		_ 						
Coral	Gables, FL 33134								
	City/State and Zip Code								
opera	ations@concertomgmt.com								
E	-mail address: (to be used for future ann	ual report noti	fication)						
For fur	ther information concerning this matter,	please call:							
Antho	ony Fadell	7 8 6	810-3660						
_	Name of Person		Area Code & Daytime Telephone Numbe						
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:									
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy						
INHS18	8 (2/14)								

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR I

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liab submits the following statement in order to change its registered office or registered agent, or both, in Florida

1. Na	ame of the limited liability company: Future Sh	nape LLC			ı	<u>. </u>
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) 2525 Ponce De Leon Blvd, Ste. 300	(b)		lailing address of (Note: MAY E	<u>BE POST O</u>	<u>FFIC</u>
						J.
	Coral Gables, FL 33134		Coral Ga	bles, FL 33	3734	<u> </u>
	01/03/2017		M1700000	00055		
3.	Date of filing/registration in Florida	4.		Document nu	ımber	
5. (a)						}
	Registered Agent and Registered Office shown on the record Incorporating Services, Ltd.	ds of the Florida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)				
	1540 Glenyway Dr.	·			. 71	
	Tallahassee	.FL 32301			A 5	19
(b)	Enter name of NEW Registered Agent and/or NEW Regis	ress:			CT 10 PM	
	Anthony Fadell					PM_5:-1
	NEW Registered Office Address:				3i >	+
	2525 Ponce De Leon Blvd, Ste. 300					
	Coral Gables	, FL 33134				
the cha agent was/w the art Signa I here	imited liability company is not organized under thange or changes are made, the Florida street addreswill be identical. Or, in the case of a Florida limiteere authorized by an affirmative vote of the membicles of organization or the operating agreement of the operation of a member of all statutes relative to the proper and companions of all statutes relative to the proper and companions of all statutes relative to the proper and companions.	ss of the regist ed liability corpers of the limited li Anthe	tered office mpany, it is ted liability compability company Fade	and the busing hereby confidence or company or pany. Printed or types city. I further	ness offic rmed that as otherwal name of s	the of the ch
notifie	ions of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office address d in writing of this change. The of Registered Agent	vided for in C. ss, I hereby co.	hapter 605, nfirm that t	F.S. Or, if the limited lia	his docur bility cor	nent is npany h