Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARANET CORPORATION SERVICES, INC.

Account Number : 120090000069 : (800)277-9977 Phone

; (800)815-0477 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: mridula@fiholdings.net

LLC REGISTERED AGENT CHANGE FI HOLDINGS LLC

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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.	Name of the limited liability company: FI HOLDINGS	LLC	
2. (a)	(b)	
	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2020 NE 163 ST STE 300	20	020 NE 163rd St, Ste 300K
	N MIAMI BEACH, FL 33162		orth Miami Beach, FL 33162
	12/29/2020	M2	21000000342
3.	Date of filing/registration in Florida	4.	Document number
5. (a	COGENCY GLOBAL INC.		
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State;
			2021
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	115 N CALHOUN ST STE 4		2021 AUG 3 1
	TALLAHASSEE . F	7L 32301	31 CO
(b)	NRAI Services, Inc.		31 AM 10: 17
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addres	
			· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation . F	TL 33324	
the clagent was/the at	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the members of the m	of the register liability comp s of the limited ne limited liab	ed office and the business office of the registere pany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
•	nature of a member or authorized representative of a member		Printed or typed name of signes
provi the o to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provide trely reflect a change in the registered office address, and in mriting of this change.	gree to act in te performanc ded for in Cha I hereby confi	ie of my auties, and I am Jamiliar with and accept pier 605, F.S. Or, if this document is being filed irm that the limited liability company has been
By: ,	Deilia - Paul		(((H21000326717 3)))
	ture of Registered Agent Natalia Leiba-Paul, Assistant Secretary		