P11000058842

(Re	equestor's Name)	
(Ac	ldress)	·
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(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JUN 0 5 2017 S. YOUNG 17 MAY 31 FW W 18 SUCKETALL OF SUATE TALLYNASSER, FLORIDA



CSC - WFLMFNGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: May 26, 2017

Order#: 635632/069

Re: FO INVESTMENTS II, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Tecora Bell c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	hange is submitted for a corporation	7.0302, 607.1308, or 617.1308, Florida Statutes, this organized under the laws of the State of FL egistered agent, or both, in the State of Florida.	
I. The name of	f the corporation: FO INVESTMENT	S II, INC.	
2. The principa	al office address: Sunrise Boulevard Mailstop PL-6		
3. The mailing	address (if different):		
4. Date of inco	prporation/qualification: 06/24/2011 Document number: P11000058842		
	nd street address of the current registe artment of State: (If resigned, enter re	ered agent and registered office on file with the signed)	
	C T CORPORATION SYSTEM	<u></u>	
	1200 SOUTH PINE ISLAND ROA)	
	PLANTATION	FL 33324	
6. The name ar (if changed)	:	l agent (if changed) and /or registered office	<i>t</i> :
			[
	1201 Hays Street P.O. Bo	NOT acceptable	C)
	Tallahassee	FL 32301	
The street addr as changed wil	ress of its registered office and the s Il be identical.	reet address of the business office of its registered agent	t,
· ·		opted by its board of directors or by an officer so n notified in writing of the change.	
	e E. alni	Jill Cilmi, Vice President	
I hereby accept further agree performance of agent. Or, if the hereby confirm	f mv duties, and I am familiar with i	statutes relative to the proper and complete and accept the obligation of my position as registered reflect a change in the registered office address, I	
Dy. 0 000	ree Cokubly	05/24/2017	
Si	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
	, Asst. Vice President		
•	Typed or Printed Name		

* * * FILING FEE: \$35.00 * * *