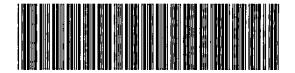
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(Ac	ddress)			
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(Document Number)				
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SEP 15 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

FM UNITED INVESTMENTS CORP

Name of Corporation

DOCUMENT NUMBER: P12000073317

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEJANDRO FLOREZ

Name of Contact Person

FM UNITED INVESTMENTS CORP

Firm/Company

1640 NE 176 STREET

Address

NORTH MIAMI BEACH, FL 33162

City/State and Zip Code

alejandro.florez@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro Florez

-305

316-9739

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corporation	517.0302, 607.1308, or 617.1308, Florida Statu n organized under the laws of the State of <mark>Flori</mark> c	da
		r registered agent, or both, in the State of Flori	da.
1. The name of t	he corporation: FM UNITED	INVESTMENTS CORP	
2. The principal	office address: 1640 NE 17	6 STREET, NORTH MIAMI BEAC	H, FL 33162
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 08/27/2	2012 Document number: P120000	73317
	street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	he
•	Resigned		
6. The name and (if changed):	street address of the new register Alejandro Florez	red agent (if changed) and /or registered office	TA SEP -8 AN III:
	·	Box NOT acceptable	25
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its reg	gistered agent,
Such change was authorized by th	as authorized by resolution duly a the board, or the corporation has b	adopted by its board of directors or by an officeen notified in writing of the change.	cer so
- At	ANC.	Alejandro Florez - Presiden	ıt
I hereby accept I further agree to performance of agent. Or, if the	to comply with the provisions of t my duties, and I am familiar with	gent and agree to act in this capacity. all statutes relative to the proper and complet h and accept the obligation of my position as to reflect a change in the registered office ac otified in writing of this change.	'e registered ldress, I
4/B	Stark	01/01/2014	
Sig	nature of Registered Agent	Dute	
If signing on be	half of an entity:		
T	yped or Printed Name	_	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)