

P12000101683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

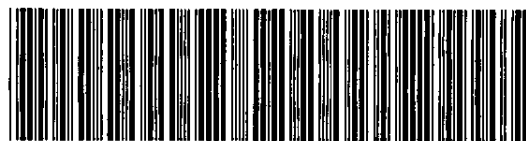
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100267303321

RA  
change

100267303321  
12/11/14--01022--002 \*\*35.00

FILED  
2014 DEC 11 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
1/5/15

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FMMI, Corp.

Name of Corporation

DOCUMENT NUMBER: P12000101683

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:

Nicole M. Villarroel, Esq.

Name of Contact Person

Hackleman, Olive & Judd, P.A.

Firm/Company

2426 E. Las Olas Blvd

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

nvillarroel@hojlaw.com

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

For further information concerning this matter, please call:

Nicole M. Villarroel, Esq.

Name of Contact Person

at ( 954 ) 334-2250

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2014

NICOLE M. VILLARROEL, ESQ.  
HACKLEMAN, OLIVE & JUDD, P.A.  
2426 E. LAS OLAS BLVD  
FORT LAUDERDALE, FL 33301 US

SUBJECT: FMMI, CORP.  
Ref. Number: P12000101683

We have received your document for FMMI, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 814A00026719

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FMMI, Corp.
2. The principal office address: 441 Lido Drive  
Fort Lauderdale, FL 33301
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/13/2012 Document number: P12000101683

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Fabiani, Massimo

522 NE 33rd Street

Oakland Park, FL 33334 (Resigned)

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Olive & Associates, P.A.,

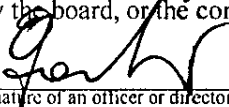
2426 E. Las Olas Blvd

P.O. Box NOT acceptable

Fort Lauderdale, FL 33301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Massimo Fabiani

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

12/5/2014

Date

If signing on behalf of an entity:

Nicole M. Villarroel

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)