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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:				

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05/11/17--01021--008 **35.00

TALL AH IO: 24
SECRETARY OF STATE
AND AHASSES FLORIDA

MRY 17 2017



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: May 9, 2017

Order#: 623632/001

Re: FAMPAR, 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:Lindsey Lockard 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 cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Floria organized under the laws of the State o egistered agent, or both, in the State o	of <u>FL</u>	
1. The name of t	he corporation: FAMPAR, INC.			
		Highway, #371859, Key Largo, FL 33	037	
3. The mailing a	ddress (if different): P.O. Box 3718	359, Key Largo, FL 33037		
4. Date of incorp	poration/qualification: 02/01/1999	Document number: P9900	00010837	
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file signed)	with the	
	Sanford Reinhard		ALLU MA	
	1290 Weston Road			
	Weston	FL 33326		
6. The name and (if changed):	street address of the new registered	I agent (if changed) and /or registered	office PROPERTY.	
	Corporation Service Company			
	1201 Hays Street			
		x NOT acceptable		
	Tallahassee	FL 32301		
The street addre	ss of its registered office and the st be identical.	treet address of the business office of	its registered agent,	
Such change wa authorized by th	s authorized by resolution duly added to board, or the corporation has been	opted by its board of directors or by a in notified in writing of the change.	in officer so	
ين	e E. Cionie	Jill Cilmi	Vice President	
Signatur	re of an officer or director	Printed or typed name and	title	
I further agree to performance of agent. Or, if this hereby confirm	o comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and co and accept the obligation of my positi o reflect a change in the registered of fied in writing of this change.	on as registered	
By: Lind	M. Lockard	05/08/2017		
Sign	natur or Registered Agent	Date		
If signing on bel	half of an entity:			
Lindsey M. Loci	kard, Asst. Vice President			
Ту	ped or Printed Name			

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