## L19000125765

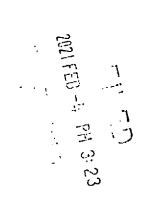
(Req	uestor's Name)			
(Add	ress)			
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PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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Cun 3/12/21

## **COVER LETTER**

.,,,	ision of Corporations  Brosell Business Solutions LLC	
SUBJECT:		nited Liability Company
Dear Sir or (		
The enclosed	d Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please returi	n all correspondence concerning this matter	to the following:
		Text
Julia Brodski		
	Name of Person	<del></del>
Brosell Busir	ness Solutions LLC dba Best Life-ing	
··	Firm/Company	\
1680 Michig	an Ave Suite 700	
	Address	
Miami Beach	n. FL. 33139	
	City/State and Zip Code	
julia@bestlif	eing.com	
E-mai	l address: (to be used for future annual repo	rt notification)
For further i	information concerning this matter, please c	all:
Julia Brodski	a	360-5949
	Name of Person	Area Code & Daytime Telephone Numbe
Ma	iling Address:	Street Address:
	gistration Section	Registration Section
	rision of Corporations	Division of Corporations
=	). Box 6327 Jahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the following amount	t:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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.

. Na	me of the limited liability company:	s Solutions LL	LC	
!. (a)	1680 Michigan Ave, Saite 700	(b) <sup>1</sup>	1680 Michigan Avc., Suite 700	
()	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)	( · / ·-	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	:
	Miami Beach, FL, 33139	<u>.</u>	Miami Beach, FL, 33139	<del></del>
	05/09/19		L19000125765	
١.	Date of filing/registration in Florida	4.	Document number	
i. (a)	Lynn M Bussell			
. (a)	Registered Agent and Registered Office shown on the records of 900 Biscayne Blvd, Apt 4204	of the Florida De	Dept, of State:	
	Registered Office Address (MUST BE FLORIDA STREE	T.ADDRESS)		
	MIAMI	1L33132		
(b)	Julia Brodska		<u></u>	
	Emer name of NEW Registered Agent and/or NEW Register	ed Office addre	ress:	
	1680 Michigan Ave, suite 700			
	NEW Registered Office Address:			
			2021	
	Wilami	FL 33139		7
change igent v was/w he art Signa	imited liability company is not organized under the less of charges are made, the Florida street address of the All be dentical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members clessed organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and a light of all statutes relative to the proper and complete	ne registered liability comp s of the limite ne limited liab  JULIA  gree to act in	d office and the business office of the registere in pany, it is hereby confirmed that the change (sted liability company or as otherwise provided ability company.  A BRODSKA  Printed or typed name of signee  in this capacity. I further agree to comply with	ed s) I in
	ions of all statutes relative to the proper and completed in the registered agent as provided by reflect a change in the registered office address, a din writing of this change.	iea jor in Chi I hereby conf	napier 605, F.S. Or, it ints document is being offirm that the limited liability company has be	en

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.86

INHS18 (2/14)