M03000003265

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CT Corporation System 660 E. Jefferson St., Tallahassee, FL, 32301

850-222-1092

USA Bradenton 11, LLC				
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) Foreign	() Dissolution/Withdrawal	() Mark		
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) Limited Partnership	() Annual Report	() Other		
X) LLC	() Name Registration	(X) Change of RA		
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) Certified Copy	() Photocopies	() CUS		
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) Call When Ready	() Call If Problem	() After 4:30		
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V.P. Verifier		Amount: \$		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

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1. The	name of the limite	d liability company	is: USA Brader	nton 11, LLC	<u> </u>
2. The	mailing address o	f the limited liability	company is:		·
Five Fina	ncial Plaza Ste. 105 I	Napa, Ca 94558			
09/29/20	03			M03000003265	
3. Date of filing/registration in Florida			4. Document num	ber	
	name of the registe da Department of		egistered office	address as shown o	n the records of the
	•	LexisNexis Document	Solutions, Inc.		0 .
		-	Name		FOR 54 1
		1201 Hays Street			EG 2 -
			Address		75 73
		Tallahassee, FL 32301			30.7
		Ci	ity, State and Z	ip	
6. The r	name and address	of the new registered	d agent and/or	office:	in the records of the
		CT	Corporation Syste	em	Er
			Name		7
		1200 Sa	outh Pine Island R	oad	
		Florida street addı	ress (P.O. Box	NOT acceptable)	
		Plantation	FL	33324	
		City	y, State and Zip	•	
confirm and the liability of the nor the operation (Signature)	ed that after the cl business office of company, it is her nembers of the lim perating agreement of a member of author	the registered agent reby confirmed that	e made, the Flo t will be identic the change(s) vany or as otherval ility company.	rida street address o al. Or, in the case o vas/were authorized	of the registered office
$-\psi$	nichael E	Jones			
(Printed or	r typed name of signee)				
I hereby comply and I an Chapter address,	y accept the appoi with the provision a familiar with and 608, F.S. Or, if t I hereby confirm	ntment as registered s of all statules rela d accept the obligat his document is beir that the limited liab	d agent and agr tive to the prop ions of my posit ing filed to mere vility company h	ree to act in this cap er and complete per tion as registered as ly reflect a change i ias been notified in	pacity. I further agree to formance of my duties, gent as provided for in in the registered office writing of this change.
	<u>Jun Ottelm</u>	ч	Ţ:::	A general	
(Signature	of Registered Agent)	1	Annist	ant Jodictory	

Division of Corporations, P.O. Box 6327, Taliahassee, FL 32314 FILING FEE: \$25.00