Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Fax Number : (850)617-6380

From:

Account Name : BRANT, REITER, MCCORMICK & JOHNSON,

Account Number : 120040000043

Phone : (904) 358-2750

Fax Number

: (904)353-1166

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address: jamccormick (barnilaw. CAM

REGISTERED AGENT CHANGE BRANT, REITER, MCCORMICK & JOHNSON, P.A.

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June 27, 2016

FLORIDA DEPARTMENT OF STATE

BRANT, REITER, MCCORMICK & JOHNSON, P.A.

PO BOX 4548

JACKSONVILL, FL 32201

SUBJECT: BRANT, REITER, MCCORMICK & JOHNSON, P.A.

REF: P01000054228

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Darlene Connell Regulatory Specialist III FAX Aud. #: B16000150853 Letter Number: 816A00013432

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Brant, Reiter, McCormick & Johnson, P.A.

Name of Corporation

DOCUMENT NUMBER

P01000054228

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:

Jan D. McCormick

Name of Contact Person

Brant, Reiter, McCormick & Johnson, P.A.

Firm/Company

135 West Bay Street, Suite 400 - 4th Floor

Address

Jacksonville, Florida 32202

City/State and Zip Code

jdmccormick@barmjlaw.com

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

For further information concerning this matter, please call:

Jan D. McCormick

,904 \358-2750

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

CR2E045 (03/12)

H 16000 1508533

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, In organized under the laws of the Ir registered agent, or both, in the	State of Florida	this	
2. The principal	he corporation: Brant, Reit office address: 135 West E ville, Florida 32202	er, McCormick & Joh Bay Street, Suite 400	nnson, P.A. - 4th Floor		.
	onville, Florida 32201	4548	· · · · · · · · · · · · · · · · · · ·		
4. Date of incorp	poration/qualification: 5/24/2	Document number:	P0100005	4228	
5. The name and		stered agent and registered office	on file with the		
	Brant, Reiter, McCo	rmick & Johnson, P.A	٩.		
	50 N. Laura Street,	#2750	79	<u> </u>	
	Jacksonville, Florida	a 32202	AR	6 JUN 27	TANK T
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or reg	gistered office	127 PM	a Decrease
	JAN D. McCORMICK, Esc	•			-
		t, Suite 400 - 4th Flo	<u>ог</u> 🚉	22	paragrap.
	Jacksonville, Florida	Box NOT acceptable a 32202			
The street addre	ess of its registered office and the be identical.	e street address of the business o	office of its registe	red ager	nt,
		adopted by its board of directors been notified in writing of the ch			
Jan Sienahi	TE OF AN OFFICER OF GIFECTOR	Jan D. McCormic		sident	
I hereby accept I further agree performance of agent. Or, if the hereby confirm		gent and agree to act in this cap all statutes relative to the proper th and accept the obligation of m y to reflect a change in the regist affied in writing of this change.		istered ss, I	
	half of an entity:	Ditt.	-		
Jan D. McC	Cormick, Vice-Presiden	<u>t</u>			
T	yped 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)