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TO: Registration Section

Division	of Corporations						
SUBJECT:		AN MANA					
	Name of Limited Part	nership or Lim	iited Liabilit	y Limited	Partnershi	p	
DOCUMENT!	NUMBER:	100000	00489)		_	
The enclosed State(s) are submit	atement of Change of tted for filing.	Registered (Office and	/or Regi	istered Ag	gent and	
Please return all	correspondence conc	erning this n	natter to:				
	Zena Clarke						
	Contact Person					3	
c/e	o Stratus Investmen	nts, LLC				严约	
	Firm/Company					LASS &	
6413	Congress Avenue,	Suite 110				TALLAHASSE	_ 1
	Address	Oute 110					
_						mo	76)
B	oca Raton, Florida					ن ا-ري	άò.
	City, State and Zip Co	de				골::	υ <u>ν</u>
	zclarke@breezerce	ooling.com				حثر	w
E-mail addres	s: (to be used for future ar	inual report no	tification)				
For further infor	mation concerning th	is matter, ple	ease call:				
Ž	Zena Clarke	at (954)	312-46	07	
Name of C	Contact Person		rea Code and	d Daytime	e Telephone	e Number	_
Enclosed is a \$3	5.00 check made paya	able to the F	lorida Dep	artment	of State.		
STREET ADDI	RESS:		MAILI	NG AD	DRESS:		
Registration Sec	tion			ation Sec			
Division of Corporations Divisio					porations		
Clifton Building			P. O. Bo	ox 6327			
2661 Executive			Tallahas	ssee, FL	32314		
Tallahassee, FL	32301						

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115. Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

	6					
1	BRILAN MANA	AGEMENT,	LLLP			
	Name of Limited Partnership or L	imited Liability L	imited Partner	ship		
2	8/26/10	_ 3.	A1000	00000489		
2. 8/26/10 3. A100 Date of filing/registration in Florida Florida doc				ment number		
4. The name of the Department of State	registered agent and the registere e:	ed office address a	is shown on the	records of the Florida		
	Theodore R	. Stotzer, Esq				
		ame		7 2 2		
	c/o 550 S.W. 12th	. Avenue, Sui	te 550	2019 JAN TALLAHA		
		dress	<u> </u>	至		
	Deerfield Beach, Florida 33442					
		ite and Zip		FF 18		
5. The name and F	lorida street address of the new re	gistered agent and	d/or office:	E.FLORIE		
	Zena	Clarke		क मेंग्रि		
	N	ame	· · ·	,		
	6413 Congress A	Avenue, Suite	: 110			
	Florida street address (P.O. Box not acce	eptable)			
	\ Boca Raton		33487			
	City, Sta	ite and Zip				
6. Such charge s BRICAN TIVE Signature at Vigner	is/arc effective when filed by the ISTMENTS, LCC, gener		nt of State.			
comply with the pro and I am familiar w	appointment as registered agent ovisions of all statutes relative to the obligations of me	and agree to act i the proper and co	mplete perform	I further agree to ance of my duties,		
Den	Clarke	_				
Signature of Regist	Clarke ered Agent					
Filing Fee:	\$35.00					
Certified Copy	(optional): \$52.50					