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K. SALY MAR - 8 2018 Kevin L. Edwards, Esq. Shareholder Phone: (941) 366-8826 Fax: (941) 907-0080 kedwards@bplegal.com



6230 University Parkway Suite 204 Sarasota, Florida 34240

March 5, 2018

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Change of Registered Agent for Brantwood Associates, LLC

Document Number L01000021787

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, along with a check in the amount of \$25.00 for the filing fee.

Should you have any questions, please feel free to contact me.

Sincerely.

KEVIN L. EDWARDS

For the Firm

KLE/ly

Enclosures (as stated)

ACTIVE, 10659200_1

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.

) _	c/o Samuel O. Tilton		(h	, c/o Sami	uel O. Tilton
' -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(U	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	25 Berkeley Street			25 Berke	ley Street
	Rochester, NY 14607			Rocheste	er, NY 14607
	12/17/2001			L0100002	1787
-	Date of filing/registration in Florida	4.	•		Document number
)					
	Registered Agent and Registered Office shown on the recor	ds of the Flo	orida	Dept. of State	:
	Hankins Northwood Roman Wenzel P.L.				
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDR	ESS	2	
	1800 N. Military Trail, Suite 120				ESE SE
	Boca Raton	, FL 334	31		FILED NAR -7 PH 2: 34 ECRETARY OF STATE ALLANIASSEE, FLORIDA
		_, FL			FILED RETARY OF AHASSEELE
) _					第5 7 匝
_	Enter name of NEW Registered Agent and/or NEW Regis	tered Office	e ado	dress:	FS Z O
	D 1 0 D 1 1 1 1 1 D 4				TAT ORR
	Becker & Poliakoff, P.A.				E 3
	NEW Registered Office Address:				
	6230 University Parkway, Suite 204				
	Sarasota	, FL 342	40		
					
ir ar	nited liability company is not organized under that or changes are made, the Florida street addre	ne laws of ss of the r	the egis	State of Flo stered office	rida, it is hereby confirmed that after and the business office of the registere
w	ill be identical. Or, in the case of a Florida limit	ed liabilit	y co	ompany, it is	hereby confirmed that the change(s)
eı ic	re authorized by an affirmative vote of the memb eles of organization or the operating agreement of	f the limit	ed l	liability com	pany.
2/	so Vitten Mussel			SAN	Printed or typed name of signee
	are of a member or authorized representative of a member				
eb id lig	y accept the appeintment as registered agent and has of all statutes relative to the proper and comp gations of my position as registered agent as pro ly reflect a change in the registered office addres in writing of this change.	d agree to plete perfo vided for ss. I hereb	act ormo in C	t in this capa ance of my a Chapter 605, onfirm that t	icity. I further agree to comply with the luties, and I am familiar with and acce F.S. Or, if this document is being file he limited liability company has been

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