

## Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000211498 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

W. IT

To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)222-1032

101-21998

REGISTERED AGENT CHANGE

LEV-BRN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Macinopie fillmo himou

Comparate Filipa

Rubble Access Vale

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

Pursuant to the provisions of sections 608.416 of liability company submits the following statement agent, or both, in the State of Florida.	r 608.508, Florida Statutes, the undersigned limited in order to change its registered office or registered	
1. The name of the limited liability company is: L	ov-Brn, LLC	
2. The mailing address of the limited liability comp	oany is:,	
7777 Glades Road, Surte 410, Boca Raton, FL 33434		
12/18/2001	L01000021998	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registere Florida Department of State:	ed office address as shown on the records of the	
Jeffrey Hoyos	,	
N	ame	
7777 Glades Road, Suite 410		
	kdress	
Boca Raton, FL 33434	in a second seco	
City, Sta	ate and Zip	
6. The name and address of the new registered agen		
C T Corporation System	<u> </u>	
Na	me S F	
1200 South Pine Island Road		
Florida street address (F	P.O. Box NOT acceptable)	
Plantation FI, 33324		
City, State and Zip		
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will bliability company, it is hereby confirmed that the change members of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company.	e, the Florida street address of the registered office oc identical. Or, in the case of a Florida limited range(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or	
and I am familiar with and lacept the obligations of Chapter 608, F.S. Or, in this document is being file address, I hereby confirm that the limited liability of CT Corporation System.  PETER F. SOU.		
(Signature of Registere d Agent)	1-	
Division of Corporations, P.O.	Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

FLOIS- NATION C T System Online

INHS18(10/99)

TOTAL P.02