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TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: West Brown of Limite	ed Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Michael I. Bernstein, Esq.	
(Name of Person)	20 TAL
Michael I. Bernstein, P.A.  (Firm/Company)	OT APR 23 COTETARY LAHASSEE
(i marcompany)	
1688 Meridian Avenue, Suite 418	P 2:
(Address)	TATE ORDE
Miami Beach, Florida 33139	<i>→</i> O
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
Michael I. Bernstein, Esq. at (	305 672-9544
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
<b></b> ✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

## 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.

e e	,					
1. The name of the limite	ed liability company is	s: West Browa	rd Group, LLC.			· <del>-</del> ···
2. The mailing address o	f the limited liability	company is:	1055 Northeast	125th Str	eet, Mi	ami, Florida
33154	ř	1 7 -				
33134					. <del></del>	
9/30/2002			L0200025700	)		
<ol><li>Date of filing/registrat</li></ol>	ion in Florida		4. Document	number		
5. The name of the register Florida Department of	ered agent and the reg State:	istered office	address as sho	own on th	e recor	rds of the
•	Michael I. Bernste	ein, P.A.				
	,	Name	· · · · · · · · · · · · · · · · · · ·			
	1680 Michigan Ave	nue, Suite 73	6			
		Address			~i.	
	Miami Beach, Florid			_ <u>F</u>	1007	
	City	y, State and Z	ip	<u> </u>	2001 APR	
6. The name and address	of the new registered	agent and/or	office:	RETARY	R 23	
	Michael I. Bernstein	n, P.A.		1	σ	M
		Name				
	1688 Meridian Aven	ue, Suite 418	 			
	Florida street addre	ess (P.O. Box	NOT acceptab	ole) To	5	
	Miami Beach,	FL 3313	9			
	City,	State and Zip	)			
If the limited liability con confirmed that after the cl and the business office of liability company, it is he of the members of the lin or the operating agreement.	nange or changes are the registered agent vereby confirmed that the nited liability compan	made, the Flo will be identic he change(s) v ov or as otherv	rida street add al. Or, in the ovas/were author	ress of the case of a l orized by	e regis Florida an affi	tered office a limited irmative vote
(Signature of a member or author	ized representative of a mem	iber)				
Mi-chae Bern (Pfinted or typed name of signee)	Stempesq.					
I hereby accept the appointment of the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the continuation of the contin	intment as registered is of all statutes relating accept the obligation his document is being that the limited liability.	agent and agive to the proposis of my posic filed to mere	ree to act in the er and comple tion as registe ly reflect a cho has been notifi	is capacit te perfort red agent ange in th ed in writ	ty. I fu mance as pro ne regi; ting of	orther agree to of my duties, wided for in stered office this change.

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

(Signature of Registered Agent)