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Division of Corporations

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From:

Account Name : BUSINESS FILINGS

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Email Address: davis@bravesolutions.com



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LLC REGISTERED AGENT CHANGE **BRAVE PROPERTY MANAGEMENT LLC**

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EXAMINER

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Corporate Filing Menu

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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.

1. Name of the limited liability company: Brave Property	Management LLC		
2. (a) Principal office address of limited liability compan	y: 7433 Green Tree D	т.,	
(Note: MUST BE STREET ADDRESS)	Orlando, Florida 32819		
(b) Mailing address of limited liability company:	6400 Sail Pointe Lane		
(Note: MAY BE POST OFFICE BOX)	Hixson, Tennessee 37343		
11/6/2002	L02000029712		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida	Dept. of State:	
Registered Agent:	Dennis Widener		
Registered Office Address:	499 S.R. 434, N., Ste 2029 Almonte Springs, FL 32714	PS B	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office add		Mode West
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1203 Governors Square Blv	FT) cm	
	Tallahassee	⇒ FL32301-	2960
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	lorida street address of the tical. Or, in the case of a F was/were authorized by a rwise provided in the articl	e registered offic Florida limited an affirmative v	ote
94			
Signature of a member or authorized representative of a member			
Davis Lowery	•		
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company Mark Williams, AVP Business Filings Incompany		y. I further agre nance of my dut as provided for a registered offi ing of this chan	ee to les, in ce ge.
Signature of Registered Agent	hormon		

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

INHS18 (05/08)