L040000 17381

(Requestor's Name)	
- Brave Myms GRoup 3262 John Hancock - Talluhussee, FL 32312	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<u>.</u>
Special Instructions to Filing Officer:	
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Office Use Only	$\mathcal{W}_{\mathcal{O}_{\mathcal{A}}}$



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SEURE PARY OF SIRE
TALLAHASSEE, FLORIDA

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. The name of the limited liabi	lity company is:	BRAVE	Manage	ment (s Though,	LLC
2. The mailing address of the lin	nited liability con	npany is: _	3262	John	Hanco	ck Drive
			Tallaha	\$\$ C \$,	Florid	<u> 32312</u>
03/04/2004			_ L04	0000	1738	}
3. Date of filing/registration in l	Florida		4. Docume			
5. The name of the registered ag Florida Department of State:					he record	s of the
	Seals, 6	Keziua Nama	<u>ω</u>			•
	3909 Re	serve C	kive		- <u>-</u> . <u>-</u>	
	Tallahasse City, S	Address F L State and Zij	32311		~	
6. The name and address of the	new registered age	ent and/or o	ffice:			
Flori	Seals, N 262 John F ida street address Uahassee	(P.O. Box ř	NOT accept	able)	TALLAHASSEE, FI	O4 APR 13 BU
	City, St	ate and Zip			(A)	•
If the limited liability company is confirmed that after the change of and the business office of the regliability company, it is hereby could the members of the limited liability coprating agreement of the limited liability company.	or changes are ma	de, the Flor	ida street ad	dress of t	fie registe e Florida l	red office
(Signature of a member or authorized repr	esentative of a member)				•
Region W. Sec (Printed or typed name of signee)	2/5			·		
I hereby accept the appointmen comply with the provisions of all and I am familiar with and acce Chapter 608, F.S. Or, if this do address, I hereby confirm that the Company W. S.A.	. 1 _	ent and agr to the prope of my posit led to mere company h	ee to act in ter and comp ion as regis ly reflect a c as been not	his capac lete perfo tered age hange in ified in w	city. I fur ormance c nt as prov the regist riting of t	ther agree to of my duties, vided for in vered office his change.
(Signature of Registered Agent)						

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

INHS18(10/99)

FILING FEE: \$25.00