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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

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## LLC REGISTERED AGENT CHANGE **BROTHERS MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

## 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.

l. Na	nme of the limited liability company:  BROTHERS MA	NAGEM	ENT, LLC		
2. (a)	TWO ALHAMBRA PLAZA, SUITE 1280	(H	(b) TWO ALHAMBRA PLAZA, SUITE 1280		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	CORAL GABLES, FL 33134		CORAL	GABLES, FL 33134	
	06/11/2004		L04000044	468	
3.	Date of filing/registration in Florida	4.	<del></del>	Document number	
5 ()	CORPCO, INC.				
5. (a)	Registered Agent and Registered Office shown on the records of 901 PONCE DE LEON BLVD., 10TH FLOOR	f the Florida	Dept. of Stat	2821 A	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			FILEB 2821 AUG 17 PM CLESS CAN ST ACL ARIASSEL F	
	CORAL GABLES , F	L_33134		િ <b>લ γ (σ</b> Γε	
(b)	United Agent Group Inc.			- '[* 8원][. - 1: 24	
, .	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	<u>ldress</u> :		
	801 US Highway 1				
	NEW Registered Office Address:				
	North Palm Beach	L 33408		<del></del>	
change agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the e register iability co of the lin e limited	ed office an ompany, it i nited liabilit liability cor	s hereby confirmed that the change(s) try company or as otherwise provided in npany.	
	ature of a member or authorized representative of a member	Jen	isa inzarry, /	Attorney-in-Fact Printed or typed name of signee	
I here provis the ob to mer	rby accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I If in priting of this change.	ree to ac e perform ed for in ( hereby c	t in this cap ance of my Chapter 60, onfirm that	vacity. I further garee to comply with the	
	Jenisa Irizarry, Spec	cial Secre	etary		
Signati	ire of Registered Agent				