LOY 00058247

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Brisson Investments, LLC (Name of Limited	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Vijay Luthra	
(Name of Person)	
Brisson Investments, LLC	
(Firm/Company)	TAE
27 North Summerlin Avenue	TAUG 22
(Address)	22 ASSI
Orlando, Florida 32801	my 3
(City/State and Zip Code)	2 ATT 124 SEE, FLORIDA SEE, FLORIDA
For further information concerning this matter, plea	ase call:
John W. Hamptonat (5	02 895-4880
(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:
\$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.

1. The name of the lim	ited liability compa	ny is: Brisson Investments, L	rc		·
2. The mailing address	of the limited liabi	lity company is : 27 North	Summerlin Aven	iue	
Orlando, Florida 32801	•				
00/05/0004		1.04000	0050247		
08/05/2004		·	L04000058247		
3. Date of filing/registr	ration in Florida	4. Doc	ument number		
5. The name of the regin Florida Department of		e registered office address	as shown on the	e records of the	•
•	Zlatkiss, Robe	ert			
		Name			
	39 N. Orange L	ake Drive			
		Address		1. 3	
	Orlando, Florida				والماس الملاقة
		City, State and Zip			i i
6. The name and address	ss of the new regist	ered agent and/or office:		2001 AUG 22 TALLA INSSI	
	Vijay Luthra			SEE. FLORIG	C C
		Name		FES	11
,	27 North Summ			SEE 15	
	Florida street a	ddress (P.O. Box NOT ac	ceptable)	到·	
•	Orlando	FL 32801			
	•	City, State and Zip			
confirmed that after the and the business office liability company, it is	e change or changes of the registered as hereby confirmed t limited liability con nent of the limited I		eet address of th in the case of a e authorized by	e registered offic Florida limited an affirmative vo	ote
17	1 W.				
(Printed or typed name of sign	hee)				
I hereby accept the ap comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby confi	ions of all statutes in and accept the oblinity this document is irm that the limited	ered agent and agree to ac relative to the proper and a gations of my position as t being filed to merely reflec liability company has been	ct in this capaci complete perfor registered agen ct a change in ti n notified in wri	ty. I further agre mance of my dut t as provided for he registered offi iting of this chang	e to ies, in ce ge.

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