Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000164050 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

 $\ddot{\omega}$

2021 J.P.R 26

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | |
|-------|----------|--|
|-------|----------|--|

LLC REGISTERED AGENT CHANGE **BROTHERS LUMBER LLC**

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

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COVER LETTER

→ 18506176383

| TO: Registration Section Division of Corporations | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| SUBJECT: Brothers Lumber LLC | | | | | | | | |
| Name of Limited 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 matter to the following: | | | | | | | | |
| | | | | | | | | |
| Zachary Ysais | | | | | | | | |
| Name of Person | | | | | | | | |
| Registered Agent Solutions, Inc. | | | | | | | | |
| Firm/Company | | | | | | | | |
| 1701 Directors Blvd, Suite 300 | | | | | | | | |
| Address | | | | | | | | |
| A TV 70744 | | | | | | | | |
| Austin, TX 78744 | | | | | | | | |
| City/State and Zip Code | | | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | | |
| | | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | | |
| Zachary Ysais 888 705-7274 | | | | | | | | |
| Name of Person Area Code & Daytime Telephone Numb | | | | | | | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | | | | | | | |
| Registration Section Registration Section Division of Corporations Division of Corporations | | | | | | | | |
| Clifton Building P.O. Box 6327 | | | | | | | | |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 | | | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | | |
| □ \$25 Filing Fee | | | | | | | | |

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

| 1. Na | ame of the limited liability company: Brothers | Lu | ml | oer LLC | | | |
|--------------------------|--|------------------------------|----------------------|--|--|--|--------------|
| 2. (a) | 390 N ORANGE AVENUE SUITE 1400 | ን . | (b) | 390 N ORANGE | AVENU | E SUITE 1 | 400 |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | - | | | <u>Y BE POST Q</u> | ability company: OFFICE BOX) | ; |
| | ORLANDO, FL 32801 | _ | - | ONLANDO | , 1 L J | 2001 | |
| | 10/19/2004 | | L | .040000756 | 381 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document | number | | |
| 5. (a) | NORMAN, TODD | | | | | | |
| Z. (A) | Registered Agent and Registered Office shown on the records of the Second North Avenue | | | pept. of State: | | | - |
| | Registered Office Address (MUST BE FLORIDA STREET A | <u>DDRE</u> | <u>.SS)</u> | | | 21 | |
| | SUITE 1400 | | | | ÁLL | 2021 APR | (-1) |
| | ORLANDO ,FL | 328 | <u> 30</u> | 1 | AH | E PR | = |
| (b) | | | | | ָּרְאַרָעָרָעָץ. | 26 P | LE |
| | 155 Office Plaza Dr. | <u>Jmice</u> | <u> 2001</u> | | | PH L. LT | |
| | NEW Registered Office Address: Suite A | | | H. 340-11/4-12 | | • | |
| | Tallahassee, FL | 32 | 30 | 1 | | | |
| the ch agent was/w | limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | the re ibility f the l | gist cor limit | ered office and the bi npany, it is hereby co ed liability company | usiness offic onfirmed that or as others | ce of the regi: it the change(wise provided | stered s) |
| | Todd Norman | <u>T</u> | OC | d Norman | | nager | |
| _ | ature of a member or authorized representative of a member | | m 4 | | yped name of s | | th the |
| – I hero – provis | eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete | ce to perfo | uci i rma | n inis capacity. I fur nce of my duties, and | Ther agree i Lam famili | ar with and c | accept |

the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Mackenzie Hart, Asst, Secretary Signature of Registered Agent

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