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## COVER LETTER

SUBJECT: BROWARD STATION BO Name of Limited Lia	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
MARIA CluRA GARBATI Name of Person	_
Firm/Company	_
1314 E Lus 0/45 Blud # 28	ک -
Ft. Lauderdule F1 3330	
City/State and Zip Code	
E-mail address: (to be used for future annual report notifica	
For further information concerning this matter, please call:	
HARIA & GARBATI at 954 Name of Person	) 292 4006 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

**X**\$25 Filing Fee

Registration Section Division of Corporations

TO:

☐ \$55 Filing Fee & Certified Copy

## STÂTEMENT 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.

			<u>.</u>	Ü			•
1. Name o	of the limited liability company: BROW 14 E LUS DIUS Blued # 285	VARd	510	fiski	Buil	ding	140
· 2. (a) /3/	14 E LAS DIAS Blue # 285	(b)	1314	EL10	s Olus	Blue	# 285
, , <u></u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing a	ddress of lin	nited liability	company:
Z	t. Laudalul Fl 33301		T7.				33301
_	Date of filing/registration in Florida	4.		Docum	00 /2 3 ient numbe		
ر. (a) <u>/</u>	ARAZOZN + TERMIAN de2 - 7 istered Agent and Registered Office shown on the records o	LRAGE	1 Pt	<u></u>			
2	100 SAZZO STREET  istered Office Address (MUST BE FLORIDA STREET)	<u> </u>	ite:				
Ente	CORAL GABLA  FARIA CLARA GARBATI  To name of NEW Registered Agent and/or NEW Registered  314 E LAS CLAS Blue  W Registered Office Address:  T. LAU LR JAK	d Office add	ress:	_ _ _ _ _ _		2022 AUG 30 AH 9: 47	
	;;	ı. 33:	301				
Signature of the order to merely in the ordified in the control of	ed liability company is not organized under the la changes are made, the Florida street address of the eidentical. Or, in the case of a Florida limited I uthorized by an affirmative vote of the members of organization or the operating agreement of the of a member of authorized representative of a member except the appointment as registered agent and agof all statutes relative to the proper and complete into sof my position as registered agent as provide in the registered office address. I writing of this change.  Clean Called Called Called Registered Agent	iws of the Se registered iability cort of the limited	State of FI I office as appany, it ated liabili ability con In this can	nd the built hereby ity company.  Printed	isiness offi y confirmed any or as confirmed or typed nand further as	the of the red that the obtherwise properties of signed	registered change(s) provided in