L05000021354

(Requestor's Name)	_			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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J. BRYAN

AUG - 8 2011

EXAMINICA

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJECT: Name of Limited Liability Company					
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office (Change and fee(s) are submitted	for filing.		
Please	return all correspondence concerning this ma	atter to the following:			
	RAJA NALLURI M	LD.			
	Firm/Company		SECRETAL SECRETA		
Zloos, TAMIAMI TPL STE 200 Address Address					
SARAGOTA FL 34 Z39 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning this matter, plea	ase call:			
<u></u>	Raja Valler, M.D. at (741, 3766500 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 amount:					
[\$25 Filing Fee	\$55 Filing Fee & Certified	Сору		

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.

igeni, or both, in the state of Fiorial.	
. Name of the limited liability company:	1 Brothers LLC
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	2100 S. Tami ami Tr. ste 201 Sarasota FL 34239
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	sume
8/2/2011	L05000021354
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Amanda Weaver
Registered Office Address:	2100 S. Tamiamity STE200 Savasota FL 34239
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
<u>NEW</u> Registered Agent:	Carly Taranto
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2100 S. Tamiami tr. STE 200 Sarasota FL 34239 .FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered office
Signature of a member or authorized representative of a member Roll W N D. Printed or typed name of signee	TARY O
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address. I hereby confirm that the limited liability company.	agree to act in this capacity I further egree to roper and complete performance of my dulies, position as registered agent as provided for in perely reflect a change in the registered office ny has been notified in writing of this change.