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COVER LETTER ...

Division of Corporations	•					
SUBJECT: Brio Ventures, 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 n	natter to the following:					
Christopher R. Cogle						
Name of Person						
Brio Ventures, LLC						
Firm/Company						
12085 Research Drive, Box 15						
Address						
Alachua, FL 32615		بس) اع ا				
City/State and Zip Code		i ŝ				
christopher.cogle@brio.ventures		• • • • • • • • • • • • • • • • • • •				
E-mail address: (to be used for future annual	report notification)	1				
For further information concerning this matter, ple	ease call:	ا مديا طول				
Christopher R. Cogle	800 946-9188					
Name of Person	Area Code & Daytime Tele	phone 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 Cop.	у				
INHS18 (2/14)						

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.

1.	Na	me of the limited liability company:	, LLC	<u> </u>		
2. (a		12085 Research Drive		(b)	12085 F	Research Drive
2. (0	.,	Principal office address of limited tiability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Box 15			Box 15	
		Alachua, FL 32615			Alachua	a, FL 32615
		November 27, 2017		Į	_050000	45309
3.		Date of filing/registration in Florida	4.	_		Document number
5. (a)	Christopher R. Cogle				
J. (••,	Registered Agent and Registered Office shown on the records of	the Flor	rida	Dept. of Stat	te:
		14260 West Newberry Road #213				
		Registered Office Address (MUST BE FLORIDA STREET.	ADDRI	:SS)		-
		Newberry	3266	59- <i>:</i>	2765	
						- <u>-</u>
(t)					
		Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:	-
		12085 Research Drive				<u></u>
		NEW Registered Office Address:				
		Box 15				_
		Alachua , FL	3261	15		_
the cagen was/ the a	ha t w we rti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reability of the limite	gis co: limi ed li	tered offic mpany, it i ted liabilit ability cor	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. R. Cogle
-		ure of a member or authorized representative of a member				Printed or typed name of signee
prov the o to m notij	isi bl ere iec	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I if in writing of this change. The of Registered Agent	ree to perfo d for i hereby	act rma in C y co	in this cap ince of my hapter 60. nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been