Division of Corporations



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.

(((H22000059710 3)))



H220000597103ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| To: | Division of Corporations | | | |
|---------|---|------------------------|------------|----------|
| | Fax Number : (850)617-6383 | | | |
| From: | | NT CALLITYONS INC | | |
| | Account Name : REGISTERED AGE Account Number : I20100000062 | MI SOCULIONS INC | | |
| | Phone : (888)705-7274 | | | |
| | Fax Number : (888)706-7274 | | | |
| **Enton | the email address for this busine | ess entity to be used | for future | |
| Enter | nnual report mailings. Enter only | one email address ple | ase ** | |
| | minal report mattrids, three only | one email and the pro- | | |
| | | | | 1 |
| | mail Address: | | | |
| | | | | 72 113 |
| | mail Address: | GENT CHANGE | | |
| E | LLC REGISTERED AC | GENT CHANGE | | 10 50 10 |
| | LLC REGISTERED AC | GENT CHANGE LLC | | 10 50 10 |
| E | LLC REGISTERED AC BRANDCO, Certificate of Status | GENT CHANGE LLC | | |

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX FEB 16 2022

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | |
|--|------------------------|--|--|--|--|--|--|
| SUBJECT: BRANDCO, LLC | 011 12 11111 | The Comment | | | | | |
| Name | of Limited Liab | Inty Company | | | | | |
| Dear Sir or Madam: | | | | | | | |
| The enclosed Registered Agent/Registered Office | e Change and fe | e(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this | matter to the fol | llowing: | | | | | |
| Mary Castillo | | | | | | | |
| Name of Person | | • | | | | | |
| Registered Agent Solutions, Inc. | | | | | | | |
| Firm/Company | | • | | | | | |
| Corporate Center One, 5301 Southwest | Pkwy, Ste 40 | 0 | | | | | |
| Address | | • | | | | | |
| Austin, TX 78735 | | | | | | | |
| City/State and Zip Code | | • | | | | | |
| E-mail address: (to be used for future annu | ial report notifica | - ition) | | | | | |
| For further information concerning this matter, p | | | | | | | |
| | | 705 7074 | | | | | |
| Mary Castillo | 888 at (| 705-7274 | | | | | |
| 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 | Regi: Divis P.O. | LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314 | | | | | |
| Enclosed is a check for the following amount: | | | | | | | |
| □ \$25 Filing Fee | □ \$55 | Filing Fee & Certified Copy | | | | | |

15129570210

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

| Plorida | I. | | | | | |
|--------------------|--|---|---|--|--|--|
| 1. Na | me of the limited liability company: | DCO, LL | С | | | |
| 2. (a) | 2151 CONSULATE DRIVE | | , 2151 CONSU | CONSULATE DRIVE | | |
| L. (a) | Principal office address of limited liability compa | · · · · · · · · · · · · · · · · | Mailing address | | | |
| | (Note: MUST BE STREET ADDRESS) | | | BE POST OFFICE BOX) | | |
| | SUITE 21 | | SUITE 21 | | | |
| | ORLANDO, FL 32837 | | ORLANDO, F | L 32837 | | |
| | 6/22/2005 | | L05000063880 |) | | |
| 3. | Date of filing/registration in Florida | 4. | Document r | number | | |
| | GRANGER, KENNETH M | | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the rec | ords of the Floric | la Dept of State: | | | |
| | 2151 CONSULATE DRIVE | | | | | |
| | Registered Office Address (MUST BE FLORIDA ST | REET ADDRES | <u>(S)</u> | | | |
| | SUITE 21 | | | | | |
| | ORLANDO | , _{FL} 3283 | 37 | 22 | | |
| (b) | Registered Agent Solutions, I | nc. | | FEB Z | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Re | gistered Office a | ddress: | - = | | |
| | 155 Office Plaza Dr. | | | BIS ALLSS | | |
| | NEW Registered Office Address: | _ , | _ | | | |
| | Suite A | | | | | |
| | Tallahassee | , _{FL} 3230 | 01 | | | |
| the cha agent v | imited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida lin ere authorized by an affirmative vote of the mer icles of organization or the operating agreement | lress of the reg nited liability and bers of the li | istered office and the but company, it is hereby committed liability company (| siness office of the registered infirmed that the change(s) | | |
| | hawn Moomey | | nawn Moomey | Authorized Signer | | |
| | ture of a member or authorized representative of a member | | Printed or ty | ped name of signee | | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 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