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(Re	questor's Name)	
(Ad	dress)	
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(C)	MON-MARINIDIA	
(CII	y/State/Zip/Phone	: # <i>)</i>
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALL I AHASSEE FLORIDA

COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: Brevard 270, LLC	
	of Limited Liability Company)
	•
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Dan Logan	
(Name of Person)	 .
(11010 01 1 01001)	
	<u> </u>
(Firm/Company)	
17888 Brian Way	•
(Address)	······································
Jupiter, FL 33478	
(City/State and Zip Code)	
For further information concerning this matte	er, piease call:
	·
	at (561) 747-2316
(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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the followin	g amount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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.

	· .
1. Name of the limited liability company: Brevard 270	D, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 438 Savoie Drive Palm Beach Gardens, FL 33410
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	438 Savole Drive Palm Beach Gardens, FL 33410
07/21/2005	L05000072197
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Jeffrey C. Lee
Registered Office Address:	438 Savole Drive Palm Beach Gardens, FL 33410
	27 -
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address:
NEW Registered Agent:	David Logan
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	313 65th Trail North
	West Palm Beach ,FL 33413
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the charge confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles o limited liability company.	t address of the registered office and the business ase of a Florida limited liability company, it is an affirmative vote of the members of the limited
(Signature of a member of authorized representative of a member)	_
(Printed or typed name of signee)	:
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.
(Signature of Registered Agent) Davio LOGAH	
Division of Corporations, P.O. Box	

FILING FEE: \$25.00

INHS18 (05/08)