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| (R | equestor's Name) | | | | | |
|---|---------------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (C | ity/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | : | | | | |
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Office Use Only



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SEURETARY OF STATE TALLAHASSEE, FLORIDA

AFFINDVELD FILED

DEC 3 I ZONA

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|--------|--|---------------------------|---|--|--|--|
| SUBJI | ECT: Branmorty Properties, LLC | Branmorty Properties, LLC | | | | |
| | | ne of Limited Liab | oility Company | | | |
| Dear S | ir or Madam: | | | | | |
| The en | closed Registered Agent/Registered Off | ice Change and fe | e(s) are submitted for filing. | | | |
| Please | return all correspondence concerning th | is matter to the fo | llowing: | | | |
| Frank | Kendrick Jr. | | | | | |
| | Name of Person | | - | | | |
| Branr | morty Properties, LLC | | | | | |
| | Firm/Company | | - | | | |
| 711 N | N Kentucky Avenue | | | | | |
| | Address | | - | | | |
| Lakel | and, FL 33801 | | | | | |
| | City/State and Zip Code | | - | | | |
| fkend | rick@nujak.com | | | | | |
| E | -mail address: (to be used for future ann | nual report notific | ation) | | | |
| For fu | rther information concerning this matter | , please call: | | | | |
| Frank | Kendrick | 863 | 686-1565 | | | |
| | 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 Divi: P.O. | LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314 | | | |
| | Enclosed is a check for the following amount: | | | | | |
| | \$25 Filing Fee | □ \$55 | Filing Fee & Certified Copy | | | |

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursyant 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 | ame of the limited liability company: Branmorty Pro | operties, L | .LC | | |
|---|--|--|---|---|---|
| 2. (a) | Branmorty Properties, LLC | B | (b) Branmorty Properties, LLC | | |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | | ailing address of limited liabi | |
| | 711 N Kentucky Ave | 7 | 11 N Ke | ntucky Ave | |
| | Lakeland, FL 33801 | _ La | akeland, | FL 33801 | |
| | 08/22/2005 | L0 | 5000082 | 2747 | |
| 3. | Date of filing/registration in Florida | 4. | I | Document number | |
| 5. (a) | Daniel Medina, P. A. | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of to Daniel Medina, P.A. | the Florida Dep | ot. of State: | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | (DDRESS) | | | |
| | 902 South Florida Ave., Suite 101 | | | | Tois T |
| | Lakeland | 33803 | | | 14 DEC 22 SECRETAR TALLAHASS |
| (b) | Frank Kendrick Jr. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Frank Kendrick Jr. | Office addres | <u>s</u> : | | 22 PH 2: 53 PARY OF STATE ASSEE, FLORIDA |
| | NEW Registered Office Address: | | | | ⊅ |
| | 711 N Kentucky Ave | | | | |
| | Lakeland , FL | 33801 | | | |
| the cha agent v was/we | imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | the register ability comp of the limited | ed office a any, it is l I liability | and the business office of hereby confirmed that the company or as otherwise | of the registered ne change(s) |
| | | Frank | Kendric | k Jr. | |
| | ture of a momber or authorized representative of a member | | | Printed or typed name of sign | |
| I here provisi the obi to mer notifie | by accept the appointment as registered agent and agrions of all matutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change of this change. | ee to act in performanc d for in Cha hereby confi | this capac e of my di pter 605, rm that th | city. I further agree to c uties, and I am Jamiliar F.S. Or, if this docume, se limited liability comp | comply with the with and accept nt is being filed any has been |
| Signatu | re of Registored Agent | | | | |
| _ | |) | Callahass. | - DE 22214 | |

FILING FEE: \$25.00

INHS18 (2/14)