

AUG-25-11 03:19PM FROM-

T-822 P 01/03 F-742

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AKERMAN SENTERFITT - TAMPA
Account Number : I20000000249
Phone : (813) 223-7333
Fax Number : (813) 223-2837

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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11 AUG 25 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
BRE II, L.L.C.**

Certificate of Status	0
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Page Count	02
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G. MCLEOD

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EXAMINER

AUG-25-11 03:18PM FROM-

T-822 P.02/03 F-742
(((H11000211842 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRE II, L.L.C.
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 matter to the following:

BRADFORD L. BARTHOLOMEW

Name of Person

BRE II, L.L.C.

Firm/Company

235 APOLLO BEACH BLVD., SUITE 304

Address

APOLLO BEACH, FL 33572

City/State and Zip Code

brad7348@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRADFORD L. BARTHOLOMEW

Name of Person

at (813) 333-3300

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 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: BRE II, L.L.C.

2. (a) Principal office address of limited liability company: TAMPA, FL

(Note: MUST BE STREET ADDRESS)

9501 PALM RIVER ROAD
TAMPA, FL 33619

(b) Mailing address of limited liability company:

TAMPA, FL

(Note: MAY BE POST OFFICE BOX)

9501 PALM RIVER ROAD
TAMPA, FL 33619

NOVEMBER 17, 2005

3. Date of filing/registration in Florida

L05000111682

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

GASSMAN, ALAN S.

Registered Office Address:

1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

BARTHOLOMEW, BRADFORD L.

NEW Registered Office Address:

235 APOLLO BEACH BLVD.

(MUST BE FLORIDA STREET ADDRESS)

SUITE 304

APOLLO BEACH, FL 33572

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of member or authorized representative of a member

BRADFORD L. BARTHOLOMEW

Printed or typed 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 608, 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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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