## 12622619573

(R	Requestor's Name)	
(A	ddress)	
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	:ity/State/Zip/Phone #)	
(0	ntyrotato/Eip/r Hono #/	
PICK-UP	☐ WAIT	MAIL
(P	Business Entity Name)	<u> </u>
,-	adiness Entry Name,	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only

G. MCLEOD

APR - 7 2008

**EXAMINER** 



600121717516

04/07/08--01011--007 \*\*25.00

JE APR -4 PM 1: 39

DIVISION OF CORPORATION

## **COVER LETTER**

Division of Corporations			
SUBJECT: BRM Hickory Pointe, LLC (Name of L	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:		
Jill M. Lager			
(Name of Person)			
Banyan Realty Advisors, LLC			
(Firm/Company)			
1665 Palm Beach Lakes Blvd., Suite 40	00		
(Address)	<del></del>		
West Palm Beach, Fl 33401			
(City/State and Zip Code)			
For further information concerning this matt	er, please call:		
Jill M. Lager	at (561 ) 478-9800 x107		
(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 following	ng 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. The name of the limite	ed liability comp	anv is: BRM Hicko	ry Pointe, LLC			
2. The mailing address o				Suite 301.		
	i die illinied nau	onity company is.				
Maitland, FL 32751						·
7/12/06			L06000069573			
3. Date of filing/registration in Florida 4. Docum			4. Document num	ber		
5. The name of the regist Florida Department of	ered agent and the State:	ne registered office	e address as shown o	n the records	of th	ne
1	Louis E. Vogt	t				
		Name				
	707 Mendham	Blvd., Suite 201				⊕
Address Orlando, FL 32825				3	Sig	
	Onando, i E 32	City, State and 2	Zip		) P	98
6. The name and address of the new registered agent and/or office:				38 APR -4	98.7	
	Louis E. Vogt				7	
		Name			<del></del>	25
		Road, Suite 301,			l: 39	
	Florida street	address (P.O. Box	NOT acceptable)			2''
	Maitland	FL 327		<del></del>		
		City, State and Zi	p			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the limit or the operating agreement.  (Signature of a member or authorized)	change or change f the registered a creby confirmed inted liability con int of the limited	es are made, the Flagent will be identified that the change(s) pripary of as other liability company	orida street address cal. Or, in the case was/were authorized wise provided in the	of the register of a Florida li i by an affirn	red of imite native	ffice d e vote
Louis E. Vogt			_			
(Printed or typed name of signee	•		_			
I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or fi address. I hereby confirm		tered agent and a relative to the pro- ligations of my pos Reiny filed to men liability company	gree to act in this ca per and complete po sition as registered a rely reflect a change has been notified in	pacity. I furtherformance of gent as providing the registe writing of the control	her a l my d ided j ered a is ch	gree to Auties, for in Office ange.
(Signature of Registered Agent)		<u> </u>				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00