(Re	questor's Name)	<u></u>			
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
	•				

Office Use Only

G. MCLEOD

APR - 7 2008

EXAMINER



800121717598

04/07/08--01011--015 **25.00

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BRM Park Avenue, LLC (Name of Limite	ed 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 r	matter to the following:		
Jill M. Lager (Name of Person)			
(Name of Person)			
Banyan Realty Advisors, LLC (Firm/Company)			
1665 Palm Beach Lakes Blvd., Suite 400			
(Address)			
West Palm Beach, Fi 33401			
(City/State and Zip Code)			
For further information concerning this matter, ple	ease 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 am	ount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (8/05)

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 lim	ited liability compan	ny is: BRM Park Ave	enue, LLC		·
2. The mailing address	of the limited liabili	ity company is: 49	5 N. Keller Road, S	uite 301,	
Maitland, FL 32751			_		
7/12/06			L06000069653		
3. Date of filing/registration in Florida			1. Document num	ber	
5. The name of the regin Florida Department of	stered agent and the of State:	registered office ac	ddress as shown o	n the records of th	ıe
1	Louis E. Vogt				
		Name	-		
	707 Mendham B	Blvd., Suite 201			
		Address		0	
	Orlando, FL 328			ĕ	SE
	•	City, State and Zip		PR	웃쏡
6. The name and addres	s of the new register	red agent and/or of	fice:	08 APR -4	PAR F
	Louis E. Vogt	_		PA	YOR
		Name			F S.1
	495 N. Keller Roa	ad, Suite 301,		l: 40	RAA
	Florida street ad	dress (P.O. Box No	OT acceptable)	Ö	
	Maitland	FL 32751	<u>.</u>		
	Ci	ity, State and Zip			
If the limited liability confirmed that after the and the business office liability company, it is lof the members of the lor the operating agreem	change or changes a of the registered age nereby confirmed tha imited liability comp	are made, the Florid int will be identical at the change(s) was	da street address o	f the registered of	fice
(Signature of a member or auth	orized representative of a r	member)			
Louis E. Vogt	\mathcal{O}				
(Printed or typed name of sign	ce)				
I hereby accept the app comply with the provisi and I am familiar with a Chapter 608, F.S. Or, i address, I hereby comple	m C/all	red agent and agree lative to the proper ations of my positio sing filed to merely ability company ha	e to act in this cap c and complete per on as registered ag reflect a change i s been notified in t	acity. I further as formance of my d ent as provided of n the registered o writing of this cha	ree to uties, or in ffice inge.
(Signature of Registered Agent	1 / Y				

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