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| PICK-UP WAIT | MAIL | | | | |
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| (Business Entity Name) | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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JQ 04/25/20



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: July 30, 2020

Order#: 359315/112

Re: SMALL BROTHERS, LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant 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. N | same of the limited liability company: SMALL BROTH | ERS, LI | .C | | |
|---|---|---|--|---|--|
| 2. (a) | 12810 Tamiami Trail N | (| (b) | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ ` | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | Suite 200 | | Suite 200 | · · · · · · · · · · · · · · · · · · · | |
| | NAPLES, FL 34110 | | NAPLES, | FL 34110 | |
| | 11/06/2006 | | L0600010 | 7438 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a | C T CORPORATION SYSTEM | | | | |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | - - | |
| | PLANTATION , FL | 33324 | | - | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office a | ddress: | - | |
| | Corporation Service Company | | | | |
| | NEW Registered Office Address: | | | - | |
| | 1201 Hays Street | | | _ | |
| | Tallahassee, FL | 32301 | | _ | |
| chang agent was/v | limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | register bility confither the limited | ed office and ompany, it is nited liability liability com | d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in | |
| Sign | nature of a member or authorized representative of a member | | | Printed or typed name of signee | |
| I her provi the oi to me notifi | eby accept the appointment as registered agent and agrissions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change. | perform I for in iereby c | t in this cape cance of my c Chapter 605 onfirm that t Kirby, Asst. Vi | luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been | |
| _ | ture of Registered Agent operation Service Company | | . | | |

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