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## COVER LETTER

**TQ:** Registration Section Division of Corporations

SURJECT: Brand IDeology LLC

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:

**Jeffrey Bliss** 

Name of Person

**Brand IDeology LLC** 

Firm/Company

112 S. Royal Street

Address

Alexandria, VA 22314

City/State and Zip Code

ibliss@brandideo.com

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

For further information concerning this matter, please call:

**Jeffrey Bliss** 

 $_{at}$  (03)

739-2255

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 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:

Brand IDeology LLC

	me of the limited liability company: Brand IDeology LLC Principal office address of limited liability company:	10210 Newington Place			
()	(Note: MUST BE STREET ADDRESS)	Tampa, FL 33626			
(b)		10210 Newington Place			
	(Note: MAY BE POST OFFICE BOX)	Tampa, FL 33626			
		<u> U0700005702</u>	2		
Dat	e of filing/registration in Florida	4. Document number			
(a)	•				
	Registered Agent:	Leo McCullagh			
	Registered Office Address:	5000 Sawgrass Village Circle 32 PONTE VEDRA BEACH, FL 32082		2018 00	11
			5, 1	+	Process of the same of the sam
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office addr		D	
	NEW Registered Agent:	Jill Brown	50	=	1, 1, 2
	NEW Registered Office Address:	10210 Newington Place	36.	58	
	(MUST BE FLORIDA STREET ADDRESS)	Tampa, FL 33626			
	Dat (a)	(a) Registered Agent:  Registered Office Address:  (b) Enter name of NEW Registered Agent and/or NEW Registered Agent:  Registered Agent:	b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Date of filing/registration in Florida  (a) Registered Agent and Registered Office shown on the records of the Florida E  Registered Agent:  Registered Office Address:    Loo McCullagh	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  Date of filing/registration in Florida  (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of Registered Office Address:  Registered Office Address:  Dill Brown  NEW Registered Office Address:  NEW Registered Office Address:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  Date of filing/registration in Florida  A. Document number  (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of States  Registered Agent:  Registered Office Address:  Double Office Address:    Loo McCullagh

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 a member or authorized representative of a member

Jeffrey R. Bliss

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.

Signatury of Registered Agent

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