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SECRETARY OF STATE

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COVER LETTER

	tion Section of Corporations	
SUBJECT:	BRAUDEAN LLC	
		Limited Liability Company)
Dear Sir or Mad	am:	·
The enclosed Re	egistered Agent/Registered (Office Change and fee(s) are submitted for filing.
Please return all	correspondence concerning	ng this matter to the following:
Dean 🕻	V. Braun	
	(Name of Person)	
	(Firm/Company)	
5016 W	estshore Drive	
N. D.	(Address)	
New Po	rt Richey, FL 346 (City/State and Zip Code)	1652
For further infor	mation concerning this mat	itter, please call:
Dean W. B	raun	at (727)847-1122
(1	Name of Person)	(Area Code & Daytime Telephone Numb
Registrati Division o Clifton B 2661 Exe	O'COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed	d is a check for the following	ing amount:
∑ \$25 F	iling 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 limited liab	oility company is:B	RAUDEAN LLC			
2. The mailing address of the l	imited liability company	y is : <u>5016 Westsh</u>	ore Dr	ive	,
New Port Richey,	FL 34652				
February 19, 2008		_L08000017633	,		
3. Date of filing/registration in	Florida	4. Document number			
5. The name of the registered a Florida Department of State:	gent and the registered of	office address as shown on	the record	ls of the	3
	Robert N. Altm Name				
	5614 Grand Blv				
	Addre New Port Richey	ss FL 34652			
	City, State a	and Zip	₽s	200	
6. The name and address of the	new registered agent an	id/or office:	ECRE	8 APR	П
De	an W. Braun		TAR ASS	8 6	
Name			E C		m
5016 Westshore Drive			in Ch	=	السيدة 1
Flo	rida street address (P.O.	Box NOT acceptable)	STATE	=	
New	Port Richey _{FL}	34652		17	
	City, State an	d Zip			
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby of the members of the limited or the operating agreement of the limited or the operation of the limited or the limited liability company or the limited liability company or the limited liability company or the limited	or changes are made, the egistered agent will be identified that the change liability company or as of high limited liability comp	ne Florida street address of the dentical. Or, in the case of secs) was/were authorized by	the registe a Florida v an affir	ered off limited mative	vote
DEAN W. BRAUN					
(Printed or typed name of signee)					
I hereby accept the appointment comply with the provisions of a and I am familiar with and acc Chapter 608, F.S. Or, if this do address, I)hereby confirm that i	nt as registered agent ar ill statutes relative to the ept the obligations of my cument is being filed to the limited liability comp	nd agree to act in this capac proper and complete perfo position as registered age merely reflect a change in pany has been notified in w	city. I fur ormance on the regist riting of t	ther ag of my di vided fo tered of his chai	ree to ities, r in fice nge.

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

INHS18 (8/05)

(Signature of Registered Agent)