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Office Use Only



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D. BRUCE

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EXAMINER

COVER LETTER

Division of Corpo	rations							
SUBJECT:	Bro	ssier	Compa	any, LLC				
				y Company				
Dear Sir or Madam:								
The enclosed Registered	Agent/Registered (Office C	Change a	nd fee(s) are	e submitted fo	r filing.		
Please return all correspo	ndence concerning	this ma	atter to t	he following	3 :			
	ert B Reese			_				
Nar	ne of Person							
	Company, LLC			-				
	O Box 478			_		AL.	10	
A	address					AHAS	10 HOV 19 PM 摩 21	•
Winter	Park, FL 32790					SEE.	9	I
City/Sta	te and Zip Code			-		er s	3	j
						10 12 13 13	130	C
E-mail address: (to be used	der@cfl.rr.com						2	
E-mail address: (to be used	for future annual report	notificatio	n)	-		Z.		
For further information c	oncerning this mat	ter, plea	se call:		·			
Patricia Bo		at (407)	644-5574			
Name of Pers	on		Α	rea Code & Day	ytime Telephone N	umber		
STREET/COURING Registration Section Division of Corport Clifton Building 2661 Executive Cetallahassee, Florid	n ations nter Circle		Regis Divis P.O.	LING ADDI stration Secti- sion of Corpo Box 6327 hassee, Florid	on rations			
Enclosed is a che	ck for the followi	ng amo	unt:					
\$25 Filing Fee		\$55 Filing Fee & Certified Copy						

TO: Registration Section

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.

Name of the limited liability company:	Brossier Company, LLC	
2. (a) Principal office address of limited liability company	y: 145 S Orlando Avenue, Suite 8	
(Note: MUST BE STREET ADDRESS)	Maitland, FL 32751	
(b) Mailing address of limited liability company:	PO Box 478	
(Note: MAY BE POST OFFICE BOX)	Winter Park, FL 32790	
May 21, 2008	L08000050599	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	•	
Registered Agent:	NRAI Services, Inc.	
Registered Office Address:	2731 Executive Park Drive, Suite 4 Weston, FL 33331	
	Weston, FL 33331	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address: Patricia Bender	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	145 S Orlando Avenue, Suite 8	
	Maitland ,FL32751	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is bereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of almember Robert B Reese Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. Signature of Registered Agent	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.	

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