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•		COVER LETTER					
TO:	Registration Section Division of Corporations		e e e e e e e e e e e e e e e e e e e				
SUBJ	T Anderson Brannan Consultar	nts, PL					
Name of Limited Liability Company							
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Offic	e Change and fee(s)	are submitted for filing.				
Please	return all correspondence concerning this	matter to the follow	ring:				
Heidi	K. Anderson						
	Name of Person						
DOC	S		•				
	Firm/Company						
5310	Clark Rd., Ste 201						
<del></del>	Address						
Saras	sota, FL 34233						
	City/State and Zip Code						
renev	v2016@yahoo.com						
E	E-mail add ess: (to be used for future ann	ial report notificatio	n)				
For fur	rther information concerning this matter,	please call:					
Heid!	K. Anderson	941 9 at ()	93-3889				
	Name of Person	Are	a Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:		NG ADDRESS:				
	Registration Section		tion Section				
	Division of Corporations	Division of Corporations					
	Clifton Building	P.O. Box					
	2661 Executive Center Circle	Tallahas	see, Florida 32314				
	Tallahassee, Florida 32301						
	Enclosed is a check for the following	amount:					
	2. \$25 Filing Fee	🚨 \$55 Fil	ing Fee & Certified Copy				
INHS13	D 6/_						

## 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	ame of the limited liability company:	erson Brann	an Con	sultants,	, PL			
	5310 Clark Rd., Ste. 201	(b) 5310 C			rk Rd., Ste. 2	01		
2. (a)	Principal office address of limited liability of (Note: MUST BE STREET ADDRE		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Sarasota, FL 34233					
	Sarasota, FL, 34233		<u> </u>	arasota,	FL 34233			
	05/30/2008		LO	3000005	53779			
3.	Date of filing/registration in Flori	ida	4.		Document numb	ет		
5. (a)	Carol Sensenig, Esq.							
J. (a)	Registered Agent and Registered Office shown on to 2055 Wood St., Ste. 103	the records of the	Florida Dep	ot. of State:			2020 JAN	(pergran)
	Registered Office Address (MUST BE FLORID	DA STREET ADL	ORESS)			NA THE	JAN 13	11
	Sarasota	, FL_	237			EF. FL	A	m
(b)	Christine R. Sensenig, Esq.					desert Antigation	7: 09	
. ,	Enter name of NEW Registered Agent and/or NE	W Registered Of	fice addres	 <u>\$</u> :				
	2055 Wood St., Ste. 208							
	NF.W Registered Office Address:							
	Sarasota	, FL_34	237					
ine cha agent v was/wa	imited liability company is not organized using or changes are made, the Florida stree will be identical. Or, in the case of a Florid ere authorized by an affirmative vote of the icles of organization or the operating agrees	t address of the la limited liabil members of th	e registere lity comp he limited nited liab	ed office a any, it is l I liability	and the business thereby confirme company or as so that the company or as so that the company.	s office of	the reg	istered
Signa	ture of a member or abmorized representative of a m	<del>a aber</del>		i	Printed or typed na	me of signee		<del></del>
the obi	by accept the appointment as registered ag ions of all statutes relative to the proper an ligations of my position as registered agent ely reflect a change in the registered office d in writing of this change.	ent and agree of complete per as provided for address, I her	to act in rformanc or in Cha eeby confi	this capac e of my di pter 605, rm that th	city. I further a uties, and I am j F.S. Or, if this ne limited liabili	gree to con familiar wi document ity compan	mply wi ith and is bein iy has b	ith the accept g filed seen
Signatu	re of Registered Agent							
~	7 7000000000000000000000000000000000000							