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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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SECRETARY OF STATE

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T. CLINE
JAN 19 2011

EXAMINER

COVER LETTER

TO: Registration Section

INHS18 (5/08)

Division of Corp	porations						
SUBJECT:				es, LLC			
	Name of	Limite	d Liabili	ty Compan	у		
Dear Sir or Madam:							
The enclosed Registered	d Agent/Registered	Office	Change	and fee(s) a	re submitted	for filing.	
Please return all corresp	ondence concerning	g this m	atter to	the followin	ng:		
•	·				_		
Do	ouglas E. Bray						
	ame of Person			_			
Rray	Ventures, LLC						
	irm/Company			-			
6025 Sun	Boulevard, Unit 1	01					F3
	Address			=		二層	د
						* A	
St Peter	sburg, Florida 337	15				AHAS	2011 JAN 18
	State and Zip Code	10		-		85.4 SE-2	8
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dougha	ev@insightbb.com	1				ري د د	PM 12: 16
E-mail address: (to be use	ed for future annual report	notification	on)	_			
For further information	concerning this mat	ter, ple	ase call:			70.	•7
Douglas I	F Brav	at (727	`	867-6059	a	
Name of Pe		at (_		Area Code & D	aytime Telephone		
STREET/COUR	IER ADDRESS:		MAI	ILING ADD	RESS:		
Registration Secti	on		Regi	stration Sect	tion		
Division of Corpo	Division of Corporations Division of Corporations						
Clifton Building P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301							
rananassee, Pion	au J2301						
Enclosed is a ch	eck for the followi	ng amo	ount:				
 √ \$25 Filing Fe	e		\$55	Filing Fee	& Certified	Сору	

- 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:	Bray Ventures, LLC				
2. (a) Principal office address of limited liability compa	any:				
(Note: MUST BE STREET ADDRESS)	6025 Sun Boulevard, Unit 101 St. Petersburg, Florida 33715	6025 Sun Boulevard, Unit 101 St. Petersburg, Florida 33715			
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)	6025 Sun Boulevard, Unit 101 St. Petersburg, Florida 33715				
September 1, 2009	L09000084549				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown of					
Registered Agent:	Linda R. Minck	201			
Registered Office Address:	TT man	<u>o</u>			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	IE W Registered Office address.	P# 12:			
NEW Registered Agent:	Douglas E. Bray	···			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6025 Sun Boulevard, Unit 101 St. Petersburg ,FL33715				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	e Florida street address of the registered officentical. Or, in the case of a Florida limited				
Signature of a member or authorized representative of a member					
Douglas E. Bray Printed or typed name of signee					
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability compo-	d agree to act in this capacity. I further agn proper and complete performance of my dut position as registered agent as provided for merely reflect a change in the registered offi any has been notified in writing of this chin	ree to ties, in ice			

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