L'09000008459

(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:

A. LUNT

AUG 25 2011

EXAMINER

Office Use Only



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COVER LETTER

_	stration Section	Ĭ.			
Divi	sion of Corporations				
SUBJECT:	Brightway Van Name of Limited Lie	ability Company	<u>-</u> C		
Dear Sir or					
The enclose	d Registered Agent/Registered Office Cha	nge and fee(s) are submitted	d for filing.		
Please return	n all correspondence concerning this matte	r to the following:			
	aret Brietstein Name of Person	, ,	·		
B_	ightwy Van Cine	s, CCC	2011 AU Secki Talla		
4100	N Powerline Rd	<u>U</u> 4	IG 24 PM ESTA MARY OF STATA HASSEE, FLOR		
Pom	ONNO BEACH & 330 City/State and Zip Gode	173	STATE LORIDA	(_	
E-mail ad	ghtway Van Cines, Coress: (to be used for future annual report notification)	<u> </u>			
For further i	nformation concerning this matter, please	call:			
Jai	ut Brutslein at (95)	Arca Code & Daytime Telephor	777	•	
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

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company:	tway Van Cines, CIC
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	4100 N Powerline Id Ste 6 Pompano Beach, Fe 33073
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	4100 N Abverline Rd Ste UV Pompano Beach, Fr 33073 L09000108459
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Scott Durst
Registered Office Address:	Deerfield Beach, / R 33442
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Igret Brietstein
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Pompano Beach, FL 33073
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 identified liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member 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 provision of all statutes relative to the provision of all statutes relative to the provision of the obligations of my porchapter 60% F.S. Or, if this document is being filled to me address. I hereby confirm that the limited liability company	lorida 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
6/auth	

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