

Florida Department of State
Division of Corporations
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L10000087437

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : 119990000006
Phone : (407) 425-7010
Fax Number : (407) 425-2747

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: corporate@zkslawfirm.com

**LLC REGISTERED AGENT CHANGE
THOMAS BRYAN & ASSOCIATES, LLC**

Certificate of Status	0
Certified Copy	0
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FILED
19 MAY 15 AM 9:42
STATE
OF
FLORIDA

MAY 15 2019 11:05AM

NO. 3629 P. 2/3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thomas Bryan & Associates, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine L. Weingart, Esquire

Name of Person

Zimmerman, Kiser & Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, Florida 32801

City/State and Zip Code

corporate@zkslawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine L. Weingart, Esq. at (407) 425-7010

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

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. Name of the limited liability company: Thomas Bryan & Associates, LLC
2. (a) 111 N. Magnolia Avenue
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 1650
Orlando, Florida 32801
- (b) 111 N. Magnolia Avenue
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 1650
Orlando, Florida 32801
3. August 19, 2010
Date of filing/registration in Florida
4. L10000087437
Document number
5. (a) Gary Berkson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
200 South Orange Avenue
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SunTrust Center Suite 1000
Orlando, FL 32801
- (b) Christine L. Weingart, Esquire
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Zimmerman, Kiser & Sutcliffe, P.A.
NEW Registered Office Address:
315 E. Robinson Street, Suite 600
Orlando, FL 32801

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Thomas E Bryan
Signature of a member or authorized representative of a member

Thomas E Bryan, Manager

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Christine Weingart
Signature of Registered Agent

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

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19 MAY 15 AM 9:42
TALLAHASSEE, FLORIDA