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COVER LETTER

TO: Registration Section Division of Corporations	· ·		
SUBJECT: BRADLEY HO Name of	CLDINGS, LLC. 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	g this matter to the following:		
CARLOS ALCARAZ Name of Person			
TM REAL ESTATE GROPE	up uc		
_2665 S. Bayshore I	<u>)r Ste 410</u>		
Coconut Grove FL 3 City/State and Zip Code	3133		
Calcaraz @ +mreg C E-mail address: (to be used for future annual report	notification)		
For further information concerning this may	tter, please call:		
Carlos ALCARAZ Name of Person	at (305) 854 - 2550 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	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 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.

(Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) SATE (Note: May Be Post of Sate (Note: May Be		
(Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) SATIE (Note: May BE POST OF SATIE (Note: May Be Post Office Address: Day Box Offi	1. Name of the limited liability company:	LEY HOLDINGS LLC.
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) SAME STORY (Note: MAY BE POST OFFICE BOX) SAME STORY SAME STORY (Note: MAY BE POST OFFICE BOX) SAME STORY SAME STORY (Note: MAY BE POST OFFICE BOX) SAME STORY SAME STORY (Note: MAY BE POST OFFICE BOX) SAME STORY SAME STORY SAME STORY SAME STORY (Note: MAY BE POST OFFICE BOX) SAME STORY SAME ST	2. (a) Principal office address of limited liability compan	y: BRADLEY HOLDINGS LLO
(Note: MAY BE POST OFFICE BOX) SATIE SOLUTION 3. Date of filing/registration in Florida 4. Document number Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: NEW Registered Agent NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address:	(Note: MUST BE STREET ADDRESS)	501 Brickell key Dr Ste 500 Miami, FL 33131
(Note: MAY BE POST OFFICE BOX) SATE STATE STATE STATE GROWP LICE NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: NEW Registere	(b) Mailing address of limited liability company:	
3. Date of filing/registration in Florida 4. Document number 3. 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: NEW Registered Agent NEW Registered Agent: NEW Registered Office Address: NE	(Note: MAY BE POST OFFICE BOX)	SAME SE E
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: NEW Reg	05/04/2011	/ U 0000 5 3 5 8 8 8 8
Registered Agent: Registered Office Address: OS. Ashley Dr Stello Tampa, FL 33602 US (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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. Signature of a member of authorized representative of a member CARLOS ALCARA Printed or typed name of signee	3. Date of filing/registration in Florida	4. Document number REE S
Registered Office Address: S. Ashley Or - Stell Campa, FL 33602 US	5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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. Signature of a member of authorized representative of a member CARLOS ALCARAZ Printed or typed name of signee	Registered Agent:	CFRA, LLC
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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. Signature of a member of authorized representative of a member CARLOS ALCARAE Printed or typed name of signee	Registered Office Address:	100 S. Ashley Dr Ste 400 Tampa, FL 33602 US
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Signature of a member or authorized representative of a member CARLOS ALCARAZ Printed or typed name of signee	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Suite 410
Printed or typed name of signee		laws of the State of Florida, it is hereby 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.
Printed or typed name of signee	Signature of a member of authorized representative of a member	_
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 608, 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.	Printed or typed name of signee	_
Signature of Pagistered Agent	Lih UX	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.

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