"L11000108050

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(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
TALL AHASSEE ELEMENT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BREVARD PINES, 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:

OLIVER GREEN

Name of Person

BREVARD PINES, LLC

Firm/Company

410 SW 7 TERRACE

Address

BOCA RATON, FL 33486

City/State and Zip Code

ohg123@yahoo.com

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

For further information concerning this matter, please call:

OLIVER GREEN

__.561

445-8176

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 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: BREVARD PINES,	rrc		
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 5101 CREEK ROAD CINCINNATI, OH 45242	-1.0	
(NOTE: MOST BE STREET ADDRESS)	Ontonivacing on 45242	20 3	
(b) Mailing address of limited liability company:	5101 CREEK ROAD	ARE TES	
(Note: MAY BE POST OFFICE BOX)	CINCINNATI, OH 45242		
		T 2	
09/21/2011	L11000108050	TS TS	
3. Date of filing/registration in Florida	4. Document number	ATE RIDA	
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Do	ept. of State:	
Registered Agent:	INVORPORATING SERVICES, LTD. INC		
Registered Office Address:	1540 GLENWAY DRIVE		
Registered Office Address,	TALLAHASSEE, FL 32301		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	OLIVER GREEN	<u>ss</u> ;	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	410 SW 7 TERRACE		
	BOCA RATON	,FL 33486	
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 the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the rentical. Or, in the case of a Florial (s) was/were authorized by an wise provided in the articles of	egistered office rida limited affirmative vote of	
ANDREW J. GREEN, MEMBER 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 pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to raddress, I hereby comply that the limited liability compositions of Registered Meent	l agree to act in this capacity, proper and complete performa position as registered agent as nerely reflect a change in the r iny has been notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.	