## \* L1100012 3550

(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

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**EXAMINER** 

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SECRETARY OF STATE



## **COVER LETTER**

	<b>L1</b> F	S 260 L L	^		
SUBJECT:Name	Ethos 360 LLC  Name of Limited Liability Company				
			· · · · · · · · · · · · ·		
Dear Sir or Madam:					
The enclosed Registered Agent/Register	ed Office (	Change and f	ee(s) are submitted for filing.		
Please return all correspondence concerr	ning this m	atter to the fo	ollowing:		
Brianna Barden					
Name of Person					
Ethos 360 LLC			ZIII DEC +1		
Firm/Company		<del>.</del>			
80 SW 8th Street Suite 2	2000		SEE, FLORAI		
Miami, FL 33130					
City/State and Zip Code					
brianna@ethos360.cc E-mail address: (to be used for future annual rep	om port notification	on)			
For further information concerning this r	natter, plea	ase call:			
Brianna Barden	at (	503 )	888-5346		
Name of Person		Area Co	ode & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314		

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

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

liability company submits the following statement in orangent, or both, in the State of Florida.	on, rioriaa siatutes, the unaersignea iimited ler to change its registered office or registered	
Name of the limited liability company:	Ethos 360 LLC	
2. (a) Principal office address of limited liability compar	ny: 80 SW 8th St	
( <u>Note: MUST BE STREET ADDRESS</u> )	STE 2000 Miami, FL 33130	
(b) Mailing address of limited liability company:	80 SW 8th St	
(Note: MAY BE POST OFFICE BOX)	STE 2000, Miami, FL 33130	
10/312011	L11 00012 3550	
-3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:	
Registered Agent:	Ellisa Brenneman	
Registered Office Address:	951 Brickell Ave, STE 3504 Miami, FL 33131	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	Brianna Barden	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	80 SW 8th St, STE 2000 (1997)	
•	Mlami ,FL33130	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider 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	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote	
Ellisa Brenneman	_	
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 prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.	
Signature of Registered Agent		

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