

L11 000 1256 28

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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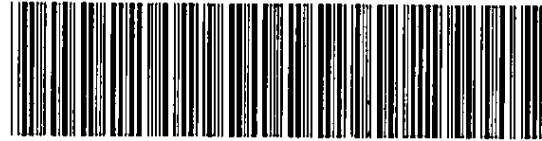
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 02 2019

T SCHROEDER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brobdingnagian Ventures, 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:

Judith R. Haberkorn

Name of Person

Brobdingnagian Ventures, LLC

Firm/Company

5815 Fleet Landing Boulevard

Address

Atlantic Beach, FL 32233

City/State and Zip Code

jrh2001@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judith R. Haberkorn

Name of Person

at (

904 853-5099

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: Broddingnagian Ventures, LLC

2. (a) 5815 Fleet Landing Boulevard (b) 5815 Fleet Landing Boulevard  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Atlantic Beach, FL 32233

Atlantic Beach, FL 32233

11/03/2011

L11000125628

3. Date of filing/registration in Florida

4. Document number

5. (a) RAX Co.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

50 North Laura Street, Suite 3300

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville, FL 32202

(b) Judith R. Haberkorn  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

5815 Fleet Landing Blvd  
NEW Registered Office Address:

Atlantic Beach, FL 32233

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.

Judith R. Haberkorn  
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 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.

Judith R. Haberkorn  
Signature of Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA