## U11000136555

(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:				

Office UperOnly:



900267703069

01/02/15--01011--009 \*\*25.00

15 JAN -2 AM 3: 40
SECRETARY OF STATE
TALLAHASSEE, FLORID

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	Brent Be	simm a	and	Associates
_		Name of Limite	d Liability	Company
Dear Sir or Ma	dam:			
The enclosed R	Registered Agent/Registere	ed Office Change	and fee(s)	are submitted for filing.
Please return a	II correspondence concern	ing this matter to	the followi	ng:
Br	ent Sern Name of Person	nan	<u> </u>	
Bren	<u> Bern</u>	~ + As	550010	tes
	100 South	0.5.11	<u>Shua</u>	one suite 10
Jup	City/State and Zip C	33 L	170	
E-mail ad	therms 6 Idress: (to be used for futu	ere annual report n	otification	
For further info	ormation concerning this r	matter, please call:		- )
Bre	ert Bern	at(20	<u> </u>	Code & Daytime Telephone Number
	Name of Person		Area	Code & Daytime Telephone Number
	ET/COURIER ADDRES	SS:		G ADDRESS: on Section

## 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.	Na	me of the limited liability company: Brad Bernen and Associates
		me of the limited liability company: Brend Bernen and Associates  905 Brend Bernon 1 Associates (b) Brend Bernon to Associates
2.	(a) .	Principal office address of limited liability company:  (b) Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS) C   D (Note: MAY BE POST OFFICE BOX)
		900 South US highwyore niter 900 South Us Hehry one
		Inpiter, El 33477 Jupiter, El 33477
		3.19.14 LIMO 136555
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	15rat Benu
J.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Bud Bernen
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		1200 Brickell Ave Suite 1950
		$\frac{\text{Mid}}{\text{Mid}}$
	(b)	Brest Borner 39
	(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		900 South U.S. Highway one Suite 701 <u>NEW</u> Registered Office Address:
		NEW Registered Office Address:
		371477
		Jap, ter ,FL 3341/
If t	ha li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the	cha	nge or changes are made, the Florida street address of the registered office and the business office of the registered
		vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
		cles of organization or the operating agreement of the limited liability company.
		Krentiserman
S	ignat	ure of a member or authorized representative of a member Printed or typed name of signee
pro the to i	visie obli nere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.

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

Signature of Registered Agent