

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ry/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
701						

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SECRETARY OF STATE
SECRETARY OF STATE



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FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY OF STATE

Division of Corporations

TALLAHASSEE, FLORIDA

July 10, 2015

STEPHEN D MOORE JR., VP SMITH HULSEY & HULSEY & BUSEY, PROFESSIO 225 WATER STREET STE 1800 JACKSONVILLE, FL 32202

SUBJECT: BRIGHTWAY VENTURES, LLC

Ref. Number: L12000036341

We have received your document for BRIGHTWAY VENTURES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

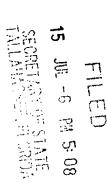
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 015A00014512



COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations					
SUBJECT:	T: Brightway Ventures, LLC Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	l Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing	<u>,</u> .		
Please return	all correspondence concerning th	nis matter to the	following:			
·						
Stephen D	D. Moore, Jr., Vice President					
	Name of Person					
Smith Huls	sey & Busey, Professional A	ssociation				
	Firm/Company					
225 Water	Street, Suite 1800					
	Address		_			
Jacksonvi	lle, FL 32202			100 T		
	City/State and Zip Code					
bob.taylor	@brightway.com					
E-mail	address: (to be used for future and	nual report notif	ication)			
For further in	nformation concerning this matter	, please call:				
Stephen D). Moore, Jr.	904 at (359-7732			
	Name of Person		Area Code & Daytime Tele	phone Number		
Regi Divi Clift 2661	stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314			
Enc	losed is a check for the following	g amount:				
□ \$2	25 Filing Fee	□ \$5	□ \$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.

I. Na	me of the limited liability company: Brightway Ven	tures, LLC	
2. (a)		(b)	
(u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3733 W University Blvd, Ste 212	•	
	Jacksonville, FL 32217		
	03/14/2012	L12	2000036341
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Kenneth B. Jacobs		
, (a)	Registered Agent and Registered Office shown on the records of th	e Florida Dept	t. of State:
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	一一。
	50 North Laura Street, Ste 1100		
	Jacksonville 51.3	32202	
	, FL		
71.3	Smith Hulsey & Busey, Professional Associati	on	是 是 日 。
(b)	Enter name of NEW Registered Agent and/or NEW Registered C		
•			56 8
•	Attention: Stephen D. Moore, Jr., Vice President	dent	
	NEW Registered Office Address:		
	225 Water Street, Suite 1800		
			-
٠.	Jacksonville Fi 3	32202	
he charagent was/we he artice Signate of the colling of the colli	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabilities of a member of authorized representative of a member on accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete prigations of my position as registered agent as provided the proper and complete prigations of my position as registered office address, I he	he registered bility compathe limited mited liabile Bob Ta	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Nylor, Treasurer Printed or typed name of signee his capacity. I further agree to comply with the
wijiea	in writing of this change. States of the Change.		