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| K12000045027                                 |                          |  |  |  |  |  |
|--|--------------------------|--|--|--|--|--|
| (Requestor's Name)<br>(Address)<br>(Address) | 000344509320             |  |  |  |  |  |
| (City/State/Zip/Phone #)                     |                          |  |  |  |  |  |
| (Business Entity Name)<br>(Document Number)  | 05/14/2801011005 •#25.00 |  |  |  |  |  |
| Certified Copies Certificates of Status      |                          |  |  |  |  |  |
| Special Instructions to Filing Officer:      |                          |  |  |  |  |  |
| Office Use Only                              |                          |  |  |  |  |  |
|  | OSIMMONS                 |  |  |  |  |  |
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## BREHM & Brammer, P.A.

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*Certified Public Accountants* 4500 140<sup>th</sup> Ave. N., Suite 116 Clearwater, FL 33762

## **Registration Section** $\overset{\bigcirc}{\overset{\bigcirc}{\phantom{a}}}$

Division of Corporations PO Box 6327 Tallahassee, FL 32314

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

Pursuant to the provisions of sections 605,0114 or 605,0116. Florida Statutes, the undersigned limited liability computer submits the following statement in order to change its registered office or registered agent, or both, in the State of Flor

| 1. N                                 | ame of the limited liability company:  | Ċ   |                            |   |
|--------------------------------------|--|---|----------------------------|---|
| 2. (a)                               | R.E.E.T.S., LLC  |   | (b                         | R.E.E.T.S., LLC   |
| 2. (1)                               | Principal office address of limited liability company:<br>( <u>Note: MUST BE STREET ADDRESS</u> )  |   |                            | Mailing address of limited liability company:<br>( <u>Note: MAY BE POST OFFICE BOX</u> )  |
|                                      | 1720 West Fairfield Drive Suite 507  |   |                            | 1720 West Fairfield Drive Suite 507   |
|                                      | Pensacola F1. 32505  |   |                            | Pensacola FL 32505  |
|                                      | 02/28/18   |   |                            | L12000045027  |
| 3.                                   | Date of filing/registration in Florida   | 4.  | _                          | Document number   |
| 5. (a)                               | ANDERSON, THOMAS W. COO  |   |                            |   |
| J. (a,                               | Registered Agent and Registered Office shown on the records  | of the Flor                                       | rida                       | a Dept. of State:   |
|                                      | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |   | <u>52</u>                  |   |
|                                      | 362 GULF BREEZE PARKWAY SUITE#150  |   |                            |   |
|                                      | GULF BREEZE  | FL  |                            |   |
| (b)                                  | LUANN BREHM. CPA   |   |                            |   |
| (*)                                  | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>   | ed Office   | add                        | ldress:   |
|                                      | BREHM & BRAMMER, PA  |   |                            |   |
|                                      | NEW Registered Office Address:   |   |                            |   |
|                                      | 4500 140TH AVE N #116  |   |                            |   |
|                                      | CLEARWATER   | FL_33762  | 2                          |   |
| chang<br>agent<br>was/w              | limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the street | he regist<br>liability<br>s of the l<br>ne limite | ere<br>cor<br>imi<br>d li  | ed office and the business office of the registered<br>impany, it is hereby confirmed that the change(s)<br>nited liability company or as otherwise provided in |
| Sizin                                | aure of a member or anthorized representative of a member  | -   | <u></u>                    | Printed or typed name of signee   |
| I here<br>provis<br>the ob<br>to mer | eby accept the appointment as registered agent and a<br>ions of all statutes relative to the proper and comple-<br>ligations of my position as registered agent as provid<br>ely reflect a change in the registered office address,<br>d in writing of this change.  | gree to c<br>te perfoi<br>led for ii<br>1 hereby  | ict<br>ma<br>n C.<br>' coi |   |
| Signau                               | ine of Registered Agent  |   |                            |   |
| /                                    |  |   |                            |   |

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