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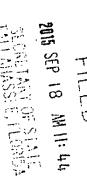
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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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: BrownNeste	r-Florida, L	LC
2. (a)	3300 N. University Dr. Suite 500	(b)_	
(w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Coral Springs, Florida 33065		
	04/ 12 /2012		2000049755
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Bessie P Petroutsas		
• •	Registered Agent and Registered Office shown on the records of	f the Florida De	pt. of State:
	3300 N. University Dr. Suite 500		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	 Geografia
			ESP SP FI
	Coral Springs,	33065	
	, P	L	
(b)	Judith A Jarvis		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addre	ss:
			The state of the s
	NEW Registered Office Address:		
	3300 N. University Dr. Suite 500		
			
	Coral Springs,	_L 33065	
he cha agent v was(we	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cless of dramization of the operating agreement of the	of the register liability comp of the limite e limited liab	red office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in bility company.
		Gary	Rito, Manager
I herei provisi he obl	ure of a handler or authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	e performand ed for in Cha	ce of my duties, and I am familiar with and accept opter 605, F.S. Or, if this document is being filed
Signatu	re of Registered Agent		
- Priatu	o oyragistored right		