# 12000079507

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	; #)
		MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	



11/27/17--01019--028 \*\*55.00



J. HARRIS

### **COVER LETTER**

**TO:** Registration Section Division of Corporations

Brink Honor LLC

SUBJECT: \_

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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:

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Laret Bolthouse

Name of Person

Firm/Company

5022 Yelllowtop Loop

Address

Lakeland, FL 33811

City/State and Zip Code

laretbrink@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

239.293.0299
Area Code & Daytime Telephone Number
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

INHS18 (2/14)

# 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.

. Na	ame of the limited liability company:		
(a)	Brink Honor LLC	(b	) Brink Honor LLC
(4)	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )	(1	Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)
	5022 Yellowtop Loop		5022 Yellowtop Loop
	Lakeland, FL 33811		Lakeland, FL 33811
	06/13/2012		L12000078507
	Date of filing/registration in Florida	4.	Document number
(a)	Laret Bolthouse		
	Registered Agent and Registered Office shown on the records Laret Bolthouse	of the Florida	a Dept. of State:
		T ADDRESS	<u></u>
	Registered Office Address (MUST BE FLORIDA STREE 7316 Guilford Pine Ln	ET ADDRESS	-
	Registered Office Address (MUST BE FLORIDA STREE 7316 Guilford Pine Ln	<u>ET ADDRESS</u> FL_33752	
(b)	Registered Office Address (MUST BE FLORIDA STREE 7316 Guilford Pine Ln		
(b)	Registered Office Address (MUST BE FLORIDA STREE 7316 Guilford Pine Ln Apollo Beach	FL_33752	dress:
(b)	Registered Office Address <u>(MUST BE FLORIDA STREE</u> 7316 Guilford Pine Ln Apollo Beach Laret Bolthouse	FL_33752	
(b)	Registered Office Address (MUST BE FLORIDA STREE   7316 Guilford Pine Ln   Apollo Beach   Laret Bolthouse   Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	FL_33752	<u>dress</u> :
(b)	Registered Office Address (MUST BE FLORIDA STREE   7316 Guilford Pine Ln   Apollo Beach   Laret Bolthouse   Enter name of <u>NEW Registered Agent and/or NEW Registered Laret Bolthouse</u>	FL_33752	<u>dress</u> :

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.

und I Signature of a member or authorized representative of a member

Laret Bolthouse

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 a writing of this change.

Signature of Registered Agent

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