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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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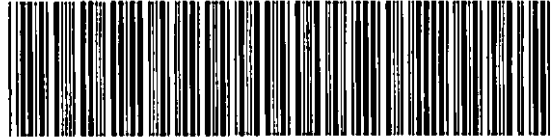
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 25 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bravo Equine Consultants LLC
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:

Lori Christman
Name of Person

Bravo Equine Consultants LLC
Firm/Company

P.O. Box 244157
Address

Atlanta Ga 30324
City/State and Zip Code

lorichristman@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Christman at (404) 561 3119
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

**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. Name of the limited liability company: Brave Equine Consultants LLC
2. (a) 12140 Sunnydale Dr (b) P.O. Box 211957
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Wellington FL 33414 Royal Palm Beach
FL 33421

3. 6.28.12 4. L12000086634
Date of filing/registration in Florida Document number

5. (a) Garner, Viviane F
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
12140 Sunnydale Dr
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Wellington, FL 33414

- (b) Garner Viviane F
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2856 C Winding Oak Lane
NEW Registered Office Address:

Wellington, FL 33414

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.

[Signature]
Signature of a member or authorized representative of a member

Viviane Garner
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 in writing of this change.

[Signature]
Signature of Registered Agent

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