L12000091575

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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08/08/12--01006--021 **25.00

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: 1St JV BR+ 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:
Michael Rideman Change of add
15+ JV BR+ LLC Firm/Company
2742 Montevideo Ave
Cooper CHy FL 33026 City/State and Zip Codd
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 954 649-3362 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

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered
1. Name of the limited liability company: 15+ 00	BR+ LLC
2. (a) Principal office address of limited liability compar	y: 2742 Montevida Al
(Note: MUST BE STREET ADDRESS)	Coopen C. Fy, FL 33026
(b) Mailing address of limited liability company:	2742 Montevideo Aus
(Note: MAY BE POST OFFICE BOX)	Cooper City FL 53026
7-16-2012	L12000091575
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Michael Kigemong
Registered Office Address:	18901 SW 63 813 Southwest Rancheo 173
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Same
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2742 montevideo Ave Cooper City, FL 33026
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be iden liability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company	Florida street address of the registered office stical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
/s/ MICHAEL RIDEMAN	
Signature of a member or authorized representative of a member	_
Printed or typed name of signee	porture.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant I am familiar with and accept the obligations of my plant of the plant of the plant of the confidence of the complete to the complete to the complete the com	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.

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

Signature of Registered Agent