2/5/2019

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE **BRZ INVESTMENTS LLC**

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Help

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: BRZ INVE	ST	ME	ENTS	SLLC			
2. (a		6220 S ORANGE BLOSSOM TRAIL	(1	_{b)} 62	220 S C	PRANGE BLOS	SOM T	RAIL	
	-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			M	ailing address of limite (Nate: MAY BE POS	-	_	-
		SUITE 110	SUITE			110			
		ORLANDO, FL 32809	_	OF	RLAND	O, FL 32809			
		09/12/2012		L12	20001	16955			
3.		Date of filing/registration in Florida	4.			Document number	,	-	
5. ((a)	US TAX CONSULTING INC							
J. ((44)	Registered Agent and Registered Office shown on the records of the	e Florid	la Dep	t. of State;				
		5401 S. KIRKMAN RD.							
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRES.	<u>(S)</u>			_	_	
		STE # 135						<u> </u>	
		ORLANDO .FL	3281	9				- 83	٠
ď	b)	Registered Agents Inc.					55.5g	Ş	II
(υ,	Enter name of NEW Registered Agent and/or NEW Registered C	red Office address:						F
		7901 4th St N					SHE STATE	55	4 (**
		NEW Registered Office Address:					2.		
		STE 300							
		St. Petersburg	3370	2					
the dager	cha it v /we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liability.	he reg orlity c the lir	istere compa nited	d office my, it is liability	and the business of hereby confirmed company or as off	office of that the	the reg chang	gistered c(s)
		Rilling Fack	Ril	ey P		6	- Calana		
I he prov the e to m	rel Viși Obli Vere	ure of a member of authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he	erforn	nance	his capa	uties and Lam far	ree to con miliar wi	in and	accent
	yec Se	Fin writing of this change. Bill Havre - Assistant	Secre	etary	,				
Sign	ıahı:	re of Registered Agent							