## L/2000 125806

Office Use Only



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## **COVER LETTER**

		stration Section sion of Corporations	•						
SUBJE	CT:	BRM LLC  Name of Limited Liability Company							
Dear Sir	r or N	1adam:							
The enc	losec	Registered Agent/Registered (	Office Change a	ЗΠ	nd fee(s) are submitted for filing.				
Please r	eturn	all correspondence concerning	this matter to t	h	e following:				
Ciro Car	mpagı	noli							
		Name of Person			<del></del>				
BRM LI	LC								
_	<del></del>	Firm/Company			<del></del>				
228 Parl	k Ave	. S., PMB 80405							
		Address			<del></del>				
New Yo	ork, N	Y 10003-1502							
		City/State and Zip Cod	2						
cirocam	pagno	oli@gmail.com							
E-	mail	address: (to be used for future	innual report no	ot	ification)				
For furt	her ir	nformation concerning this mat	er, please call:						
Ciro Car	យ៦ជន	noli	646 at (		506-8802				
		Name of Person			Area Code & Daytime Telephone Number				
	Reg Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Encl	osed is a check for the follow	ing amount:						
	<b>=</b> \$2	25 Filing Fee	٥	1	\$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.

1. N	ame of the limited liability company:						
2. (a)	1001 Brickell Bay Dr.		(b) 1001 Brickell Bay Dr.				
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`	Mailing addre	ess of limited liability company: AY BE POST OFFICE BOX)			
	Suite 2016		Suite 2016				
	Miami, Fl. 33131	<del></del>	Miami, FL 33131 L12000125806				
	10/02/2012						
3.	Date of filing/registration in Florida	4.	Document	number			
5. (a)	Katherine Reyes						
J. (a)	Registered Agent and Registered Office shown on the records of	a Dept. of State:					
	1001 Brickell Bay Dr.		20				
	Registered Office Address (MUST BE FLORIDA STREET	<u> </u>					
	Suite 2016		2029 JUli 23				
	Miami	33131		133			
	FI			PI			
(b)	Ciro Campagnoli		٠ <u>٠</u> نج				
,	Enter name of NEW Registered Agent and/or NEW Registered	ldress:	35				
	382 NE 191st St.						
	NEW Registered Office Address:						
	PMB 80405						
	Miami	33179					
	, FI						
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	register lability co of the line limited	ed office and the busin ompany, it is hereby co nited liability company	less office of the registered onfirmed that the change(s)			
Signa	sture of a member or authorized representative of a member		Printed or t	yped name of signee			
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	ree to ac perform ed for in hereby c	in this capacity. I fur ance of my duties, and Thapter 605, F.S. Or, onfirm that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been			
Signati	ure of Registered Agent						