## 112000137404

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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## **COVER LETTER**

Division of Corporations
SUBJECT: Brixe Kaleita Esquie PUC 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:
Buce Kaleila Esquie Pue Firm/Company  C. A. 21. 1/15 Form. Olace
Sude 3A 1615 Four Place  Address  West Palm Beach Fr 33401  City/State and Zip Code
E-may address: (to be used or future annual report notification)  For further information concerning this matter, please call:
Name of Person at (561) 688-92 W  Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section

Enclosed is a check for the following amount:

\$25 Filing Fee

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

**TO:** Registration Section

☐ \$55 Filing Fee & Certified Copy

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: <b>Bruce</b>	. Kaleita Esquire PUC
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	Dany: Sulto 3A, 1615 FORUM Place West Orlan Beach Fronts
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same as above
Oct. 30, 2012	L12000137904
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:	Corporation Source Co-
Registered Office Address:	Talkalla siee FE 32301
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	NEW Registered Office address
NEW Registered Agent:	Bruce Kaleita =
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Scute 3 A 1615 Forum Place West Palm Beach FL 33401
If the limited liability company is not organized under the confirmed that after the change or changes are made, the	he laws of the State of Florida, it is hereby e Florida street address of the registered office

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 of a member or authorized representative of a member

Bruce & Kaleita

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 608, 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 of Registered Agent

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