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(Re	questor's Name)							
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PICK-UP	WAIT	MAIL						
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Special Instructions to	Filing Officer:							
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Office Use Only



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DEC 1 9 2016 S. YOUNG IN DEC 16 PM 4: 00

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: Branch Avenue Apartments Name of Limited Liability Company								
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:								
Gerard Wilston								
Gerard Wiktor Name of Person								
Bramon Avenue Apartments								
• •								
16748 - 9 C E. Smoky Hill Rd # 104								
Address								
Carolannial , Ca 80015								
Centennial, CO 80015 City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Gerard Wiktor at (303) - 523-4282 Name of Person Area Code & Daytime Telephone Number								
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section								
Division of Corporations Division of Corporations								
Clifton Building P.O. Box 6327								
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301								
Enclosed is a check for the following amount:								
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy								
= 425 1 milg 1 co to Continue Copy								

INHS18 (2/14)

TALLY VARY SELECTIONS

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 limi	ited liability company:	Bram	0-h	Ave	nue	Aparti	ment:	<u>s</u> LL
2.	Principa	- 9 C E . Swo I office address of limited lid lote: MUST BE STREET A	ky Hill Ra ability company:		1674	lailing address	E · Smol of limited liabili BE POST OFFI	ty ⁽ company:	
	# 101	4		_	# 10	٠4			
	cen-	tennial, C	0 80015		Cen	tennio	1, CO	800	o15
_		-13. 2013					0996	2	
3.	Date	e of filing/registration in		4.		Document n	number		
5.	(a)Registered Ager	Corporotion and Registered Office sho	O V) wn on the records of th	ne Florida De	eot. of State	£			
	120		e Island		- -			. .	₩v
	Registered Offi		LORIDA STREET A					୍ଷିକ୍ତି	
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	Plan	tation	, FL_	333	324			8	
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	(b) Enter name of <u>N</u>	IEW Registered Agent and	or NEW Registered (Office addre				ţ: 0	25 35
	REGIST	TERED AGENTSINC.						_	₹3 -
		ed Office Address:							
	303	0 N. Roc	ky Poir	,t D.	(ive	#150	A		
	Tow	100-	, , FL_	33	607				
the age	change or change ant will be identic s/were authorized	y company is not organ as are made, the Florida al. Or, in the case of a by an affirmative vote zation or the operating	street address of t Florida limited lia of the members of	the registe bility com the limite	red office pany, it is ed liability	eand the bus hereby con company o	iness office of firmed that th	f the regis e change(:	tered s)
		or authorized representative			<u>Sero</u>	Printed or typ	1.1 kto(ed name of signe		
I h pro the to r not	nereby accept the povisions of all state obligations of manerely reflect a clining of manerely reflect and ordered in writing of	appointment as register utes relative to the pro / position as registered hange in the registered this change.	red agent and agre per and complete p agent as provided office address, I h	ee to act in performan I for in Chi ereby con	n this capa ce of my c apter 605 firm that t	acity. I furth duties, and I , F.S. Or, if the limited li	ner agree to co am familiar v this documen ability compa	omply with vith and a t is being any has be	n the ccept filed en
		Bill Havre	Assistant Secre						

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