Division of Corporations

Florida Department of State Division of Corporations Electronis Filling Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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LLC REGISTERED AGENT CHANGE BROOKWOOD PARTNERS, LLC

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COVER LETTER

TO:	Registration Section
	Division of Comorations

SUBJECT: BROOKWOOD PARTNERS, 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:

15129570210

Mackenzie Hart					
Name of Person					
Registered Agent Solutions, Inc.					
Firm/Company					
Corporate Center One, 5301 Southwest Pkw	ry, Ste 400				
Address					
Austin, TX 78735					
City/State and Zip Code					
E-mail address: (to be used for future annual rep	port notification)				
For further information concerning this matter, please	call:				
Mackenzie Hartat(888 705-7274				
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 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amou	Enclosed is a check for the following amount:				
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

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	Name of the limited liability company: BROOKWOOD PARTNERS, LLC					
2. (1125 CORIDA AVENUE			ORIDA AVENUE		
		Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			dailing address of limited li (Note: MAY BE POST G		
		ATLANTA, GA 30318		ATLANT	A, GA 30318		
		3/20/2013		L1300	0042104		
3.		Date of filing/registration in Florida	4.		Document number		•
5.	(a)	BLUMBERGEXCELSIOR CORPORAT	TE SERV	ICES, INC			
J. (u	(ω)	Registered Agent and Registered Office shown on the record 155 OFFICE PLAZA DRIVE, 1ST FL	ds of the Flori	da Dept, of State	::		
		Registered Office Address (MUST BE FLORIDA STRI	EET ADDRE.	(22)			
					:	20;	
		TALLAHASSEE	, FL 323	301		2022 JUN 14	141
(b)	(b)	Registered Agent Solution	is, Inc	•	· · · · · · · · · · · · · · · · · · ·		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	tered Office a	ddress:		<u> </u>	
		155 Office Plaza Dr.		·	· · · · · · · · · · · · · · · · · · ·	2: 33	<u>.</u>
		NEW Registered Office Address: Suite A					
		Tallahassee	. FL 323	801			
the	cha	mited liability company is not organized under the nge or changes are made, the Florida street addressill be identical. On in the uses of a Florida limit.	ss of the reg	gistered office	and the business office	e of the	e registered

If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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.

/s/ Michael I. Wright

Michael I. Wright

Manager

Signature of a member or authorized representative of a member

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 605, 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.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent