

#L13000121123

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2015 JUN 25 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

K. SALLY  
EXAMINER  
JUN 29 2015



RECEIVED

15 JUN 25 PM 3:06

FLORIDA DEPARTMENT OF STATE  
Division of Corporations SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 12, 2015

BREVARD MMA, LLC  
LINDA MCCONNELL  
140 INTERLACHEN RD, STE. B  
MELBOURNE, FL 32940

SUBJECT: BREVARD MMA, LLC  
Ref. Number: L13000121123

We have received your document for BREVARD MMA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 515A00012394

*Thank you!*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Brevard MMA, 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:

Linda McConnell

\_\_\_\_\_  
Name of Person

Brevard MMA, LLC

\_\_\_\_\_  
Firm/Company

140 Interlachen Rd., Suite B

\_\_\_\_\_  
Address

Melbourne, FL 32940

\_\_\_\_\_  
City/State and Zip Code

Lmccconnell@floridaelderlaw.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda McConnell

at ( 321 )

253-1667

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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. Name of the limited liability company: Brevard MMA, LLC
2. (a) 3109 Skyway Circle, Unit 101  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Melbourne, FL 32934
- (b) 140 Interlachen Rd., Suite B  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Melbourne, FL 32940
3. 08/27/13  
Date of filing/registration in Florida
4. L13000121123  
Document number
5. (a) William A. Johnson  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
21 Suntree Place, Suite 100  
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)  
Melbourne, FL 32940  
\_\_\_\_\_, FL \_\_\_\_\_
- (b) same - William A. Johnson  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
140 Interlachen Rd., Suite B  
**NEW** Registered Office Address:  
Melbourne, FL 32940  
\_\_\_\_\_, FL \_\_\_\_\_

FILED  
2015 JUN 25 AM 10:36  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

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.

[Signature]  
Signature of a member or authorized representative of a member

William A. Johnson  
Printed or typed name of signer

*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.*

[Signature]  
Signature of Registered Agent