## #L/40000/6243

(Requestor's Name)									
(Address)									
(Address)									
(									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
(Dodallicht (William)									
Certified Copies Certificates of Status									
•									
Special Instructions to Filing Officer:									
<u>-</u>									

Office Use Only



500273745735

500273745735 06/09/15--01032--005 \*\*25.00

2015 JUK - 9 PM 3: 53

K.SALY EXAMINER JUN 11 2015

## **COVER LETTER**

	Registration Section Division of Corporations							
SUBJEC	Rosen Brick America, LLC							
БСБСБС		e of Limited Lia	bility 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:								
Gayle /	Aiken, Paralegal							
	Name of Person		_					
Honign	nan Miller Schwartz and Cohn Ll	_P						
	Firm/Company		-					
660 W	oodward Ave., Suite 2290							
	Address		-					
Detroit,	MI 48226							
	City/State and Zip Code	······································	_					
E-n	nail address: (to be used for future annu	ual report notific	ation)					
For furth	er information concerning this matter,	please call:						
Gayle A	Aiken	313	465-7208					
	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		Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314					
E	Enclosed is a check for the following amount:							
	<b>2</b> \$25 Filing Fee	\$55	Filing Fee & Certified Copy					
INHS18 (2	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.	Na	me of the limited liability company: Rosen Brick	< Americ	:а,	LLC		"		
2.	(a)		(	(b)					
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	. ,	Ma	iling address of Note: MAY BE			•
		1371 Sawgrass Corporate Parkway			1371 Saw	grass Corp	orate Pa	arkway	
		Sunrise, FL 33323	<del></del>		Sunrise, F	L 33323	•		
		1/29/2014		i	_14000016	243			
3.		Date of filing/registration in Florida	4.		D	ocument nun	nber		
5.	(a)	Drew Rosen			•				
٥.	(4)	Registered Agent and Registered Office shown on the records	of the Florid	la i	Dept. of State:				
		1371 Sawgrass Corporate Parkway							
		Registered Office Address (MUST BE FLORIDA STREE				2(			
								2015	
		Sunrise	<sub>FL</sub> 33323	3			LAHAS		
		, 1	*L				SS	1	
	(b)	C T Corporation System					m mo	<del>-0</del>	(17)
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					声ご	×	Ċ
		1200 South Pine Island Road					S. C.	<u>မှ</u> 53	71
		NEW Registered Office Address:					F***		
		Plantation	2222	4					
		Plantation, I	<sub>FL</sub> 33324	+					
the age wa the	e cha ent v s/we arti	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the same ways.	of the reg liability of s of the linhe he limited	ist cor mi li	tered office a mpany, it is h ted liability o ability compa	nd the busine hereby confirm company or a any. Gayle R	ess office med that the s otherwis	of the re he chan se provi	gistered ge(s)
		ture of a member or authorized representative of a member			P	rinted ør typed i	name of sign		
		by accept the appointment as registered agent and a cons of all statutes relative to the proper and completing at the proper and completing at the proper and completing the proper and completing the proper and completing the property of t	igree to ac te perform ded for in I hereby c	ct i na Ci coi	in this capac nce of my du hapter 605, l nfirm that the	ity. I further ties, and I an F.S. Or, if thi e limited liab	agree to on familiar is docume ility comp	comply with an mit is bei any has	with the d accept ng filed been