

L14,00000204,04

(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
17 JAN 13 PM 4:08
CLERK OF COURT
HALL COUNTY, FLORIDA

JAN 17 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2017

BARRY ABRAHAM
6135 NW HELMSDALE WAY
PORT SAINT LUCIE, FL 34983

SUBJECT: BRICKWAY LLC
Ref. Number: L14000020404

We have received your document for BRICKWAY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 717A00000281

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brickway 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:

Barry Abraham

Name of Person

Brickway LLC

Firm/Company

6135 NW Helmsdale Way

Address

Port Saint Lucie, FL 34983

City/State and Zip Code

brickwaymarketing@gmail.com

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

For further information concerning this matter, please call:

Barry

772

9057600

Name of Person

at (_____) _____
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: Brickway LLC

2. (a) Brickway LLC (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

6135 NW Helmsdale Way

Port Saint Lucie, FL 34983

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

46-4797922

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) Barry Abraham
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Brickway LLC

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

496 NW Dover Court

Port Saint Lucie, FL 34983

(b) Barry Abraham
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Brickway LLC

NEW Registered Office Address:

6135 NW Helmsdale Way

Port Saint Lucie, FL 34983

17 JAN 13 PM 4:00
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.

Barry Abraham
Signature of a member or authorized representative of a member

Barry Abraham
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.

Barry Abraham
Signature of Registered Agent