LI4000070504

(Requestor's Name)				
(Address)				
(1-1-1-1)				
(Address)				
(City/State/Zip/Phone #)				
(6.7).				
PICK-UP WAIT MAIL				
(Dusings Faits No. 2)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Sertificates of Status				
Special Instructions to Filing Officer:				

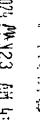
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SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporatio	ns	
BREEZY BROTH	ERS LLC	
SOBJECT:	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent	/Registered Office Change a	and fee(s) are submitted for filing.
Please return all correspondence		
rease return an correspondent	e concerning this matter to t	ne tonoving.
Avri Ben-Hamo, Esq.		
Name	of Person	
Ben-Hamo Law, PLEC		ದ್ದ
Firm/C	Company	
6001 Broken Sound Parkway NW	. Suite 416	BOH MA 23 FILL WAS SECRET FOR
Add	ess	
Boca Raton, FL 33487		
City/State	and Zip Code	
juliajessen.muc@gmail.com		
E-mail address: (to be use	ed for future annual report no	otification)
For further information concer-	ning this matter, please call:	
Avri Ben-Hamo	561 at (372-9091
Name of Perso	n	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for	r 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	ame of the limited liability company: BREEZY BROT	HERS	LLC	.C
2.	(a)			(b)	b)
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		6586 W Atlantic Ave., #1186			6586 W Atlantic Ave., #1186
		Delray Beach, FL 33446	_		Delray Beach, FL 33446
		02/05/2014			L14000020504
3.		Date of filing/registration in Florida	4.	_	Document number
5.	(a)	Ben-Hamo Law, PLLC			
٠.	(4)	Registered Agent and Registered Office shown on the records of	the Flor	rida l	a Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	ESS)	<u></u>
		2701 NW 2nd Ave., Suite 207			
		Boca Raton , FL	33431		SEC SEC
	(b)	Ben-Hamo Law, PLLC			ARE MAKE
	,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office	add	SECREIMA 23 IN 4: 48 STALLAND OF STATE
		NEW Registered Office Address:			
		6001 Broken Sound Parkway NW, Suite 416			· m
		Boca Raton , FL	33487	7	
cha age wa	ange ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist ability of the l limite	erec con imit d lia	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
5	ignat	ture of a member or authorized representative of a member	_		Printed or typed harne of signee
[} pro the to	nerel ovisi obli mere ified	by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if in writing of this change.	ree to d perfor d for in hereby	act i mar n Ch cor	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Sig	matu	re of Registered Agent			
~	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o or replaced report			