Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000098285 3)))



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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

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

Email Address:

LLC REGISTERED AGENT CHANGE BRAYWICK PROPERTY INVESTMENTS LLC

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K. SALY EXAMINER

APR 21

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT			
	Name	of Limited	Liability Company
Dear Sir or	Madam:		
The enclos	ed Registered Agent/Registered Offic	e Change	and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this	matter to	hie following:
Jennifer Ta	sevoli		
	Name of Person		
СТ Согроп	ation		:
	Firm/Company		
900 Mercha	ants Concourse Suite 405		
	Address		
Westbury,	NY 11590		
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	erestinado.
			· .
E-ma	all address: (to be used for future annu	iai report n	ontication)
For further	r information concerning this matter, p	please call:	
Jennifer Ta	sevoli	.888 at (579-0286
	Name of Person		Area Code & Daytime Telephone Number
	FREET/COURIER ADDRESS:		MAILING ADDRESS:
Re	egistration Section		Registration Section
- Di	ivision of Corporations lifton Building	•	Division of Corporations P.O. Box 6327
26	661 Executive Center Circle allahassee, Florida 32301		Tallahassee, Florida 32314
E	nclosed is a check for the following	amount:	•
ä	\$25 Filling Fee	C	\$55 Filing Fee & Certified Copy
INHS18 (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.

2. (a)	(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)		
		; .			
	09/24/2014	Ĺ1	4000149637		
(a)	Date of filing/registration in Florida John A. Williams	4.	Document number		
(+-)	Registered Agent and Registered Office shown on the record	is of the Florida Do	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STRE	SET ADDRESS)	······································		
	Odessa.	, FL 33556	2016 APR 20 SEUTETAR TALLAHASS		
			SLUFETARY (SALLAHASSEE		
(b)	Enter name of NEW Registered Agent and/or NEW Regist	bered Office addre	TAF		
	The many of the passage of Oktob and of the A Heris	el ed 13 liter monte	m-K		
	CT Corporation System		FOR R		
	NEW Registered Office Address:		F STAIL FLORID		
	1200 South Pine Island Road	· · · · · · · · · · · · · · · · · · ·			
	Plantation	, FL 33324	,		
ne chi gent v /as/w	limited liability company is not organized under the large or changes are made, the Florida street addrewell be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of premization or the operating agreement or	e laws of the St ss of the registe ed liability com ers of the limite	red office and the business office of the registe pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided it		
			Williams		
Signa	ature of a member or authorized representative of a member	. 	Printed or typed name of signee		
	by accept the appointment as registered agent and tons of all statutes relative to the proper and com	d agree to act in olete performan	n this capacity. I further agree to comply with t uce of my duties, and Fam familiar with and acc apter 605, F.S. Or, if this document is being fil firm that the limited liability company has been		

FILING FEE: \$25.00

JNHS18 (2/14)