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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SUCRETARY OF STATE

K. SALY MAR - 6 2017

COVER LETTER

| "TO: Registration Section Division of Corporations | | | | | | |
|--|---|--|--|--|--|--|
| SUBJECT: Brown Financial Investment Group, LLC Name of Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered Agent/Registered Office Ch | ange and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this matt | er to the following: | | | | | |
| Christina Oni Name of Person | | | | | | |
| Nip- Firm/Company | | | | | | |
| 1736 Scotch Pine Dr. Address | | | | | | |
| Brandon, Fl. 33511 | | | | | | |
| City/State and Zip Code | | | | | | |
| Christina Oni agmail . CO E-mail address: (to be used for future annual rep | nort notification) | | | | | |
| For further information concerning this matter, please | call: | | | | | |
| Christing Oni at (| 239) 849-2127 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 | | | | | |
| 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.

| 1. Na | me of the limited liability company: Brown Fig. | nancial | Investment | Group, LLC |
|---------------------|---|--|--|--|
| 2. (a) | 1736 Scalch Pine dr. Principal office address of limited liability company: | _ (b) | | tch pine Dr. ress of limited liability company: |
| | (Note: MUST BE STREET ADDRESS) | | - | AY BE POST OFFICE BOX) |
| | Brandon, Fl. 33511 | | Brand | on, Fl. 33511 |
| | 2-27-17 | | L14000 | 190425 |
| 3. | Date of filing/registration in Florida | 4. | Documen | it number |
| 5. (a) | United States Corporation Ac | | | |
| | Registered Agent and Registered Office shown on the records of th | | ept. of State: | |
| | 13302 Winding Oak (ou | | <u></u> | |
| | Registered Office Address (MUST BE-FLORIDA STREET AL | <u>)DRESS)</u> | | |
| | | | | 2017 HAR - 2 MIN: 53 PALLAHASSEE, FLORID. |
| | Tampa ,FL | 336 | 12 | 三 五 |
| | | | | THAR-2 MII: 53 |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered O | Mice addr | | 2 Price |
| | Enter thank of the Registered Agent and of the Registered of | mice addre | . 3.3. | 型。 |
| | 1736 Scotch Pine Dr. | | | 9E :5 |
| | NEW Registered Office Address: | | | |
| | | | | |
| | | | | |
| | Brandon, FL | 332 | | |
| If the li | mited liability company is not organized under the laws | s of the Si | ate of Florida, it is | hereby confirmed that after |
| the char | nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab | he registe | red office and the b | usiness office of the registered |
| was/we | re authorized by an affirmative vote of the members of | the limite | ed liability company | |
| ine arm | cles of organization or the operating agreement of the li | mited ital | | ` |
| Signat | are of a member of authorized representative of a member | | Christina (Printed or t | yped name of signee |
| the obli to mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gutions of my position as registered agent as provided by reflect a change in the registered office address, I he the writing of this change. | e to act in erforman for in Ch ereby conj | this capacity. I fur ce of my duties, and apter 605, F.S. Or, firm that the limited | rther agree to comply with the l I am familiar with and accept if this document is being filed l liability company has been |
| Signatur | e of Registered Agent | | | |