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COVER LETTER

Division of Corporations					
SUBJECT: Bryva LLC					
	nited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	r to the following:				
Taryn Burgk					
Name of Person					
Bryva LLC					
Firm/Company					
PO Box 942					
Address					
West Palm Beach, FL 33402					
City/State and Zip Code					
Taryn@Bryva.com					
E-mail address: (to be used for future annual repo	ort notification)				
For further information concerning this matter, please of	call:				
Taryn Burgk 7	72 209-0123				
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	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: Bryva LLC			
2. (a)	Bryva LLC	(_{b)} Bryva LL	.c
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	('		failing address of limited liability company. (Note: MAY BE POST OFFICE BOX)
	1530 N Federal Hwy, Suite 5A		PO Box 9	942
	Lake Worth, FL 33460	_	West Pal	m Beach, FL 33402
	02/05/2015		L1500002	2757
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Burgk, Taryn			
J. (u)	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of State	:
	9000 Portofino Circle			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>s)</u>	FG 5
	#117			CC A T
	Palm Beach Gardens , FL	33418		15 AUC 13 SECKETAR
(b)	Burgk, Taryn			HI: 52
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	108 T
	1530 N Federal Hwy			DA 2
	NEW Registered Office Address:			
	Suite 5A	<u> </u>		
	Lake Worth , FL	33460)	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	the regability of the linited	istered office company, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	ure of a member or authorized representative of a member			Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have in writing of this change.	ree to ac perforn d for in hereby c	et in this cape nance of my c Chapter 605 confirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent			