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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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S. WARREN AUG 0 1 2017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Holmes anthony.holmes@cscglobal.com

Date: July 25, 2017

Order#: 739525/018

Re: TWO BULLS BROKERAGE LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Anthony Holmes c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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)		(1	o)	
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1002 E. Newport Center Dr., 200		1002 E. N	Newport Center Dr., 200
	Deerfield Beach, FL 33442		Deerfield	Beach, FL 33442
	03/17/2015		_L1500004	48073
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				_
, ,	Registered Agent and Registered Office shown on the record	s of the Florid	a Dept. of State	e:
	Cohen, Brad			_
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES.	27	
	1002 E. Newport Center Dr., 200			
	Deerfield Beach	. FL <u>3344</u> :	2	7 JUL 27
(b)	Enter name of NEW Registered Agent and/or NEW Registe			
			······································)
	Corporation Service Company			\$ - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	NEW Registered Office Address:			-
	1201 Hays Street			-
	Tallahassee	FL 32301	1	
				-
the cha agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	s of the regi d liability c ers of the lin	stered office ompany, it is nited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	/s/ Seth Cohen	Set	h Cohen, Au	uthorized Person
Signa	iture of a member or authorized representative of a member			Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree to ac lete perform ided for in s, I hereby c	t in this cap lance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5. F.S. Or, if this document is being filed the limited liability company has been
Signati	ure of Registered Agent Corporation Service Compar	ny BY: C	irace E. Kii	rby, Asst. Vice President