## 1500052/25

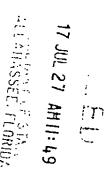
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

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#: 739525/016

Re: TWO BROTHERS 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.

l. Na	ame of the limited liability company: TWO BROTHE	RS BRO	KERAGE LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability  (Note: MAY BE POST OFFIC	
	1002 E. Newport Center Dr., 200		1002 E. Newport Center Dr., 200	<u>L.BU.</u>
		<del></del>		
	Deerfield Beach, FL 33442		Deerfield Beach, FL 33442	
	03/24/2015		L15000052125	
3.	03/24/2015  Date of filing/registration in Florida	 .1.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of			
	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State:	
	Cohen, Seth			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS.	2	
	1002 E. Newport Center Dr., 200			
	Deerfield Beach F	133442	)	
			ين -	<del>-</del>
(b)	Enter name of NEW Registered Agent and/or NEW Registered			<b>ر</b> ر
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	dress:	<b>~</b>
	Corporation Service Company		الله المارية المارية	T JUL 27 AM II: 4
	NEW Registered Office Address:			
	1201 Hays Street		OA.	
				ω
	Tallahassee [7]	J32301		
he cha igent v was/we	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regis iability co of the lim	stered office and the business office of to ompany, it is hereby confirmed that the lited liability company or as otherwise p	the registered change(s)
	s/ Seth Cohen	Seth	h Cohen. Authorized Person	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi he obl o mere	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I d in writing of this change.	ree to act e perform ed for in C hereby co	in this capacity. I further agree to con ance of my duties, and I am familiar wi Chapter 605, F.S. Or, if this document i onfirm that the limited liability compan	nply with the th and accep is being filed y has been
Signatu	re of Registered Agent Corporation Service Company	BY: G	race E. Kirby, Asst. Vice President	
	Division of Corporations P.O.	Box 6327	/• Tallahassec, FL 32314	

FILING FEE: \$25.00