

(Requestor's Name)					
(Address)					
(Address)					
(Cil	ty/State/Zip/Phone	= #)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

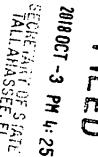
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ASSEE, FL



COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations					
SUBJECT:	Profit Bright Development LLC					
SUBJECT.	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change ar	nd fee(s)	are submitted for filing.		
Please returr	all correspondence concerning th	is matter to th	e follow	ng:		
Sergejs B	arannikovs					
	Name of Person					
	Firm/Company					
404 NE 19	94 Terrace					
	Address					
Miami, FL	33179					
	City/State and Zip Code					
stormillo@						
E-mail	address: (to be used for future ann	ual report no	ification)		
For further i	nformation concerning this matter,	please call:				
Sergejs Ba	arannikovs	786 at ()	4-4081		
	Name of Person		Area	Code & Daytime Telephone Number		
	REET/COURIER ADDRESS:		MAILING ADDRESS: Registration Section			
-	istration Section					
	sion of Corporations on Building	Division of Corporations P.O. Box 6327				
	Executive Center Circle	Tallahassee, Florida 32314				
	ahassee, Florida 32301	•		55, 110, 10a 5251		
Enc	losed is a check for the following	amount:				
⊘ \$:	25 Filing Fee	0	\$55 Filin	g Fee & Certified Copy		

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. N	ame of the limited liability company: Profit Bright [Developme	nt LLC
2. (a)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	16850 COLLINS AVE 112-165		
	SUNNY ISLES BEACH, FL 33160		
	01/07/2017	L1	5000085877
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
2. (4)	Registered Agent and Registered Office shown on the records of	the Florida Dep	nt. of State:
	Gurin Group LLC		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	700 W Hillsboro Blvd Ste 1-100		
	Deerfield Beach .FL	33441	MINOCT -3 SECRETARY
			# w
(b)	Enter name of NEW Registered Agent and/or NEW Registered	LOGG	SSE
	Enter name of NEW Registered Agent and/or NEW Registered	i Office address	E S
	Sergejs Barannikovs		ASSEE, FL
	NEW Registered Office Address:		
	404 NE 194 Terrace		
	Mia mi , Fl.	33179	_
the ch agent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registere lability compa of the limited c limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Cian	Alikyanik Coush Could formative of a member	Alexan	Printed or typed name of signee
•	•	raa ta aat in t	
provis the ob to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change	ree to act in t performance of for in Chap hereby confi	nis capacity. I further agree to comply with the eef my duties, and I am jamilian with and accepted to term of the first document is being filed rm that the limited liability company has been
Signati	ure of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00