

L15000153922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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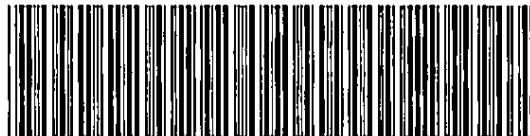
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Brien Company, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Caroline Brien

Name of Person

The Brien Company

Firm/Company

19195 MYSTIC Pointe Dr Unit 1407

Address

Aventura, FL, 33180

City/State and Zip Code

Caroline.brien@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caroline Brien

Name of Person

at ( 305 ) 988-1370

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

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. Name of the limited liability company: The Brien Company, LLC

2. (a) 19195 MYSTIC Pointe Dr

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Suite #1407

Aventura, FL 33180

(b) 19195 MYSTIC Pointe Dr

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Suite #1407

Aventura, FL 33180

3. 9/9/2015

Date of filing/registration in Florida

L15000153922

4.

Document number

5. (a) United States Corporation Agents, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Court-A

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA

FL 33612

(b) Caroline Brien

Enter name of NEW Registered Agent and/or NEW Registered Office address:

19195 MYSTIC Pointe Dr

NEW Registered Office Address:

Suite 1407

Aventura

FL 33180.

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18 SEP 20 AM 11:40  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Caroline Brien

Signature of a member or authorized representative of a member

CAROLINE BRIEN

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Caroline Brien

Signature of Registered Agent