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ann		s for this business entity to be used for future ngs. Enter only one email address please.**	C	
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	Fax Number	: (888)706-7274	$\overline{\mathbb{C}}$	۰
	Account Number Phone	: 120100000062 : (888)705-7274	***	. '
,		: REGISTERED AGENT SOLUTIONS INC	1 	
From:			(-`, ~>	
		: (850)617-6383	·;	
To:	Division of Cor	nonations	~ '	

LLC REGISTERED AGENT CHANGE **BROOKLINE PIE ULMERTON, LLC**

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Brookline PIE Ulmerton, 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:

Mary Castillo

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Suite 300

Address

Austin, TX 78744

City/State and Zip Code

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

For further information concerning this matter, please call:

Mary Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following am	iount:
\$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.

ł.	Na	me of the limited liability company:	Brookline PIE Ulmer			rton, LLC		
2.		13920 58TH STREET N.	SUITE 1014	4 ₍₁	, 13920 5	8TH STREET I	N., SUITE 101	4
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		CLEARWATER 33	760 UN		CLEA	RWATER	33760 01	-
				-				_
	9/11/2015				L1500	000155437		
3.		Date of filing/registration ir	Florida	4.	L	Document number		
5.	(a)	YEOMANS, WILLI	AM B <u>, JR</u>	•				
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		13920 58TH STRE	ET N.,					
			LORIDA STREET A	<u>DDRES</u>	<u>9</u>			
		SUITE 1014						
		CLEARWATER	, , FL <u>'</u>	337	60			
	(b)	Registered Agent Solutions, Inc.					· · · · · · · · · · · · · · · · · · ·	
	(0)	Enter name of NEW Registered Agent and	for NEW Registered (Office ad	dress:			
		155 Office Plaza D	ir.					
		NEW Registered Office Address:						
		Suite A						
		Tallahassee	, FL_	323	01		-	

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.

/s/ William B. Yeomans, Jr.

William B. Yeomans, Jr. Manager

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Machenzie Hart Asst. Secretary

Signature of Registered Agent

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