(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	÷#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
		!			

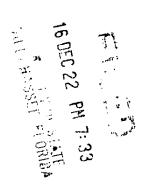
Office Use Only



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N. CAUSSEAUX DEC 23 2016

COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJE	CT: Longbrook Holding II, LLC					
	Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
Scott /	Alan Berry					
	Name of Person					
	Firm/Company					
12279	Clarendon Court					
	Address					
Spring	Hill, FL 34609					
	City/State and Zip Code	-	_			
smt09	62@aol.com					
E-	mail address: (to be used for future ann	ual report notif	ication)			
For furt	her information concerning this matter,	please call:	•			
Scott A	Alan Berry	352 at (345-2067			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:		AILING ADDRESS:			
	Registration Section Division of Corporations		gistration Section vision of Corporations			
	Clifton Building		D. Box 6327			
	2661 Executive Center Circle		llahassee, Florida 32314			
	Tallahassee, Florida 32301	,				
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$5	5 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. Na	ame of the limited liability company: Longbrook H	olding	II, LLC	
2. (a)			(b)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4185 Mariner Boulevard		4185 Ma	riner Boulevard
	Spring Hill, FL 34609		Spring H	II, FL 34609
	10/13/2015		L1500017	4488
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Joseph G. Amato, Sr.			
ν. (u)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET) 4185 Mariner Boulevard	<u>SS)</u>	18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	Spring Hill FI	34609		DEC 22
(b)	Scott Alan Berry Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	PA III
	NEW Registered Office Address:			
	12279 Clarendon Court			
	Spring Hill , FL	<u>34609</u>)	
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of eles of organization or the operating agreement of the	the regability of the linited	istered office company, it is mited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I have been address, I have been a change in the registered office address, I have been address and the change.	ree to ac perforn d for in hereby c	ct in this capa nance of my d Chapter 605, confirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed at limited liability company has been
Signatur	re of Registered Agent			

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