## L15000193306

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Bradfield Holdings 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 concernir	ng this matter to the following:				
Tyrone Bradfield					
Name of Person					
Bradfield Holdings LLC					
Firm/Company					
1727 NE 40th Street					
Address	<del></del>				
Fort Lauderdale, Florida, 33334					
City/State and Zip Co	de				
bradfieldholdingsllc@gmail.com					
E-mail address: (to be used for future	annual report notification)				
For further information concerning this ma	atter, please call:				
Tyrone Bradfield	954 300 8860				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS Registration Section	Registration Section				
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
<b>☑</b> \$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

Na (a)	me of the limited liability company: Dradield 110 1727 NE 40th Street		(b) 17	727 NE	E 40th Stree	et
(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)	N	_	of limited liability company BE POST OFFICE BOX)
	Fort Lauderdale		Fo	rt Lau	derdale	
	Florida, 33334		FI	orida, 3	33334	
	11/16/2015		L15	500019	93306	
	Date of filing/registration in Florida	4.			Document nu	umber
(a)	BRADFIELD, TYRONE E					
(4)	Registered Agent and Registered Office shown on the records of	f the Flor	ida Dep	t, of State	- E:	
	1727 NE 40th Street					
					_	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	ESS)		-	
		3333			-	•
(b)					-	* GO
(b)	Fort Lauderdale, F	3333	34	į:	-	
(b)	Fort Lauderdale . F	3333	34	:	-	
(b)	Fort Lauderdale, F SUVERKROP, CARL Enter name of NEW Registered Agent and/or NEW Registere	3333	34	<u></u>	-	**************************************

	TYRONE BRADFIELD		
Signature of a melober 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.

Signature of Registered Agent

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