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SEUNE (AS) OF STATE
TALLAH/SSET, FLORIDA

HARRIS

## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Jamie Brogles Name of Lim	illed Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
Jamie Brogley Name of Person	<del></del>				
Jamie Brogley, PLLC	<u>-</u>				
100 HamptonRd Lo	+87				
Clearwater, FL 337.  City/State and Zip Code	59_				
janie brogley @ gmail.com E-mail address. (to be used for future annual report	rt notification)				
For further information concerning this matter, please c	all:				
Jamie Brogley at (	727 744.5177				
Name of Rarson	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314				
Tallahassee, Florida 32301	rananassee, riorida 52514				
Enclosed is a check for the following amount:					
\$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.

1 ioriuc	_	_		•			
l. Na	me of the limited liability company:	Brog	ley, 1	PLLC_		<del>,</del>	
2. (a)		ے (b)					
( )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	N	failing address			
	· · · · · · · · · · · · · · · · · · ·		100	(Note: MAY)			
	UEARWATER FL 33759	_		Hampto			
	MEARWATER FL 33759	_	Clea	rwater	<u>, FL</u>	337	137
	December 15, 2015		110	5000a	1084	<b>L</b> 27	
3.	Date of filing/registration in Florida	4.		Document n		<u> </u>	
5. (a)							
()	Registered Agent and Registered Office shown on the records of the	he Florida l	Dept. of State	:			
	PROBLEM STREET A Registered Office Address (MUST BE FLORIDA STREET A	·	<u> </u>				
		(DDRESS)					
	880 MANDALAY AVE						
	APT C508 CleARWATER FL	<i>337</i>	67		SEC	क	
(b)						<u> </u>	202 4 g
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:			Cit :	~
						2 C	The state of the s
	NEW Registered Office Address:				1807 1818	ਨ ਹ	₽÷.
	100 Hampton Rd. Lot 87	•			Omi d	ين آ	
	, and a second s						
	Clear water , FL	337	59				
If the li	mited liability company is not organized under the law	vs of the S	State of Flo	rida. it is her	reby conf	firmed th	nat after
the cha	nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia	the regist	ered office	and the busi	iness offi	ce of the	e registered
was/we	ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	f the limi	ted liability	company or	as other	wise pro	ovided in
(	Brown of the specimen of the		Jamie	'n	101		
Signat	are of a member or authorized representative of a member		<u> </u>	Printed or typ	d nante of	signee	
I herel proviși	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided	ee to act performa	in this capa nce of my a	acity. I furth luties, and I	er agree am famil	to comp iar with	ly with the and accept
to mere	sty reflect a change in the registerea office agaress. I k	d for in C hereby co	hapter 605 nfirm that i	, F.S. Or, if the limited li	this docu ability co	ment is mpany i	being filed has been
nonne	if in writing of this change.						
Signatu	e of Registered Agent						
V	Division of Corporations P.O. B	30x 6327	• Tallahas	see, FL 3231	14		

**FILING FEE: \$25.00**